

Name  
in  
Full

Jacob S. Ellender

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	White	Birth-place	W.Va.	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Greenup W.Va.		
Father's Name	George Ellender			Father's Birthplace	Old Town
Mother's Maiden Name	Florence V. Hardy			Mother's Birthplace	Greenup W.Va.
Name of person giving Information	Geo W. Harper			How related to deceased	None

CAUSES OF DEATH

Primary

Tuberculosis

21

How long

6 mo

Immediate

Exhaustion

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

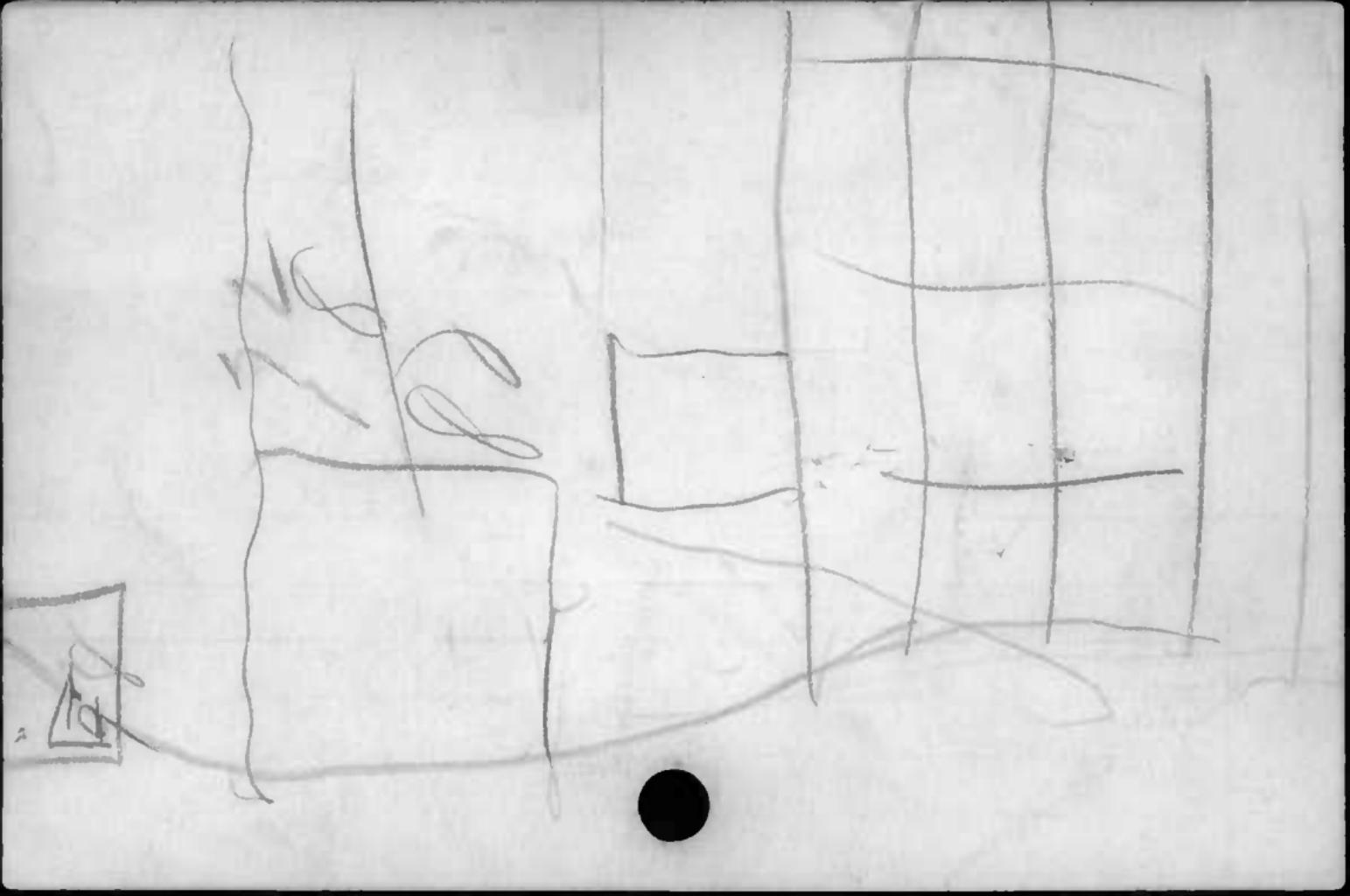
Address

Geo L. Bradbury  
Cumberland, W.

PHYSICIAN  
OR CORONER

9513

Accident or Suicide?



Name  
in  
Full

Alvin E. Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color of Race	Age			
Occupation	Where Residing if not at place of death			Birth-place	Winchester Va
Married, Single or Widowed	Name of wife or Husband	Taylor Anderson			
Father's Name	Dore			Father's Birthplace	
Mother's Maiden Name	Oscar			Mother's Birthplace	
Name of person giving information	R B Anderson			How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Gall stones	(13)	How long
Immediate	Cholangitis		How long

Are the name, age, sex, color, date and place correctly given above?

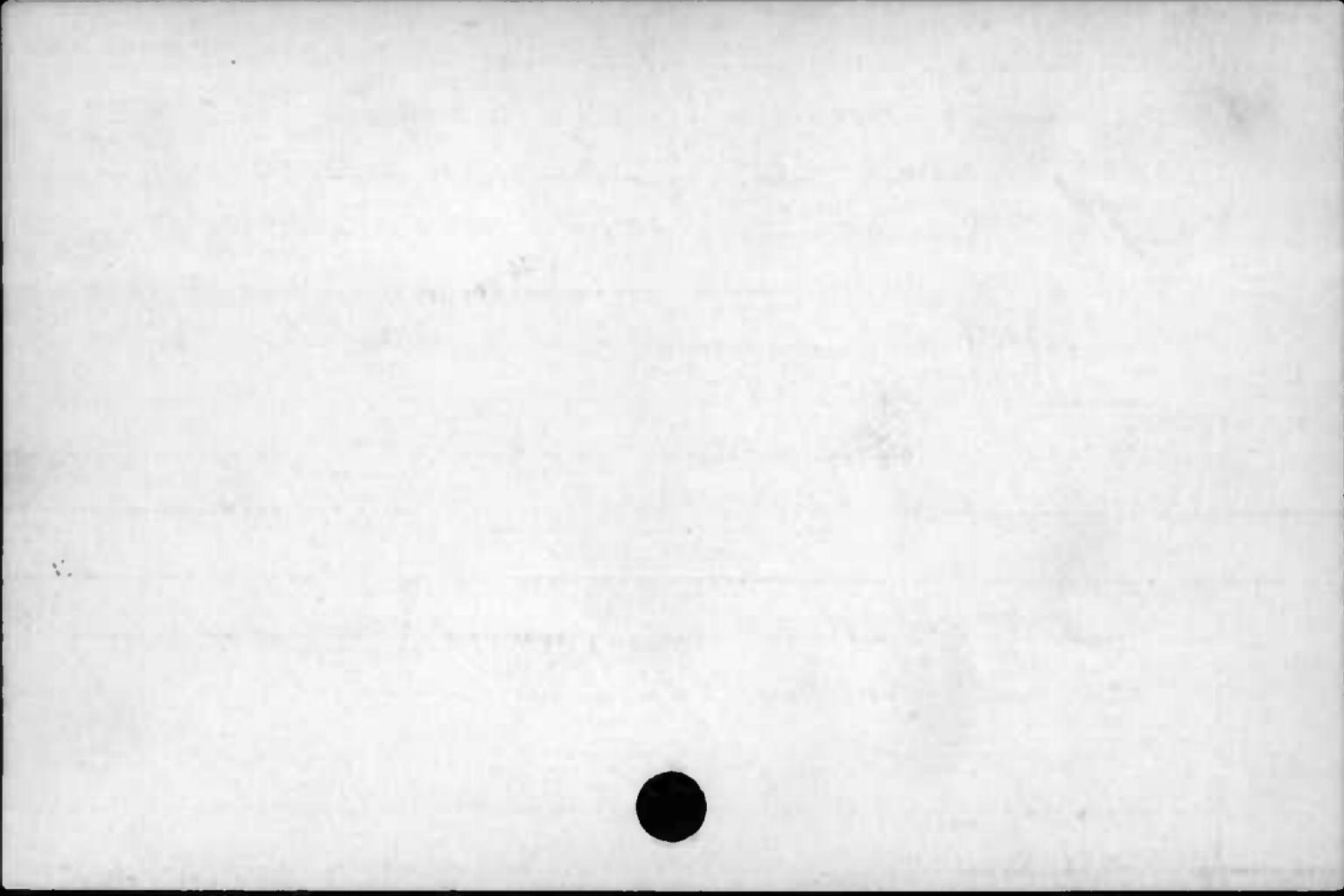
S

Accident or Suicide?

Signature of Physician

Address

Dr C. B. Claybrooke  
187 Cumberland  
Md.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Locke</u> Town		County <u>Allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month	Day <u>9</u>	Years <u>83</u>	Months <u>-10</u>	Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>General Timber</u>			
Occupation <u>Retired</u>	Name of Wife or Husband <u>W. A. Daniels</u>				
Married, Single or Widowed <u>Married</u>	Father's Name <u>Chas Daniels</u>				
Father's Name <u>Chas Daniels</u>	Father's Birthplace <u>Chapman</u>				
Mother's Maiden Name <u>Mary Day</u>	Mother's Birthplace <u>Princeton</u>				
Name of person giving information <u>A. J. Rose</u>	How related to deceased <u>Sister</u>				

CAUSES OF DEATH

Primary

Old age

(106)

How long

Immediate

Erysintery

How long

a few days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

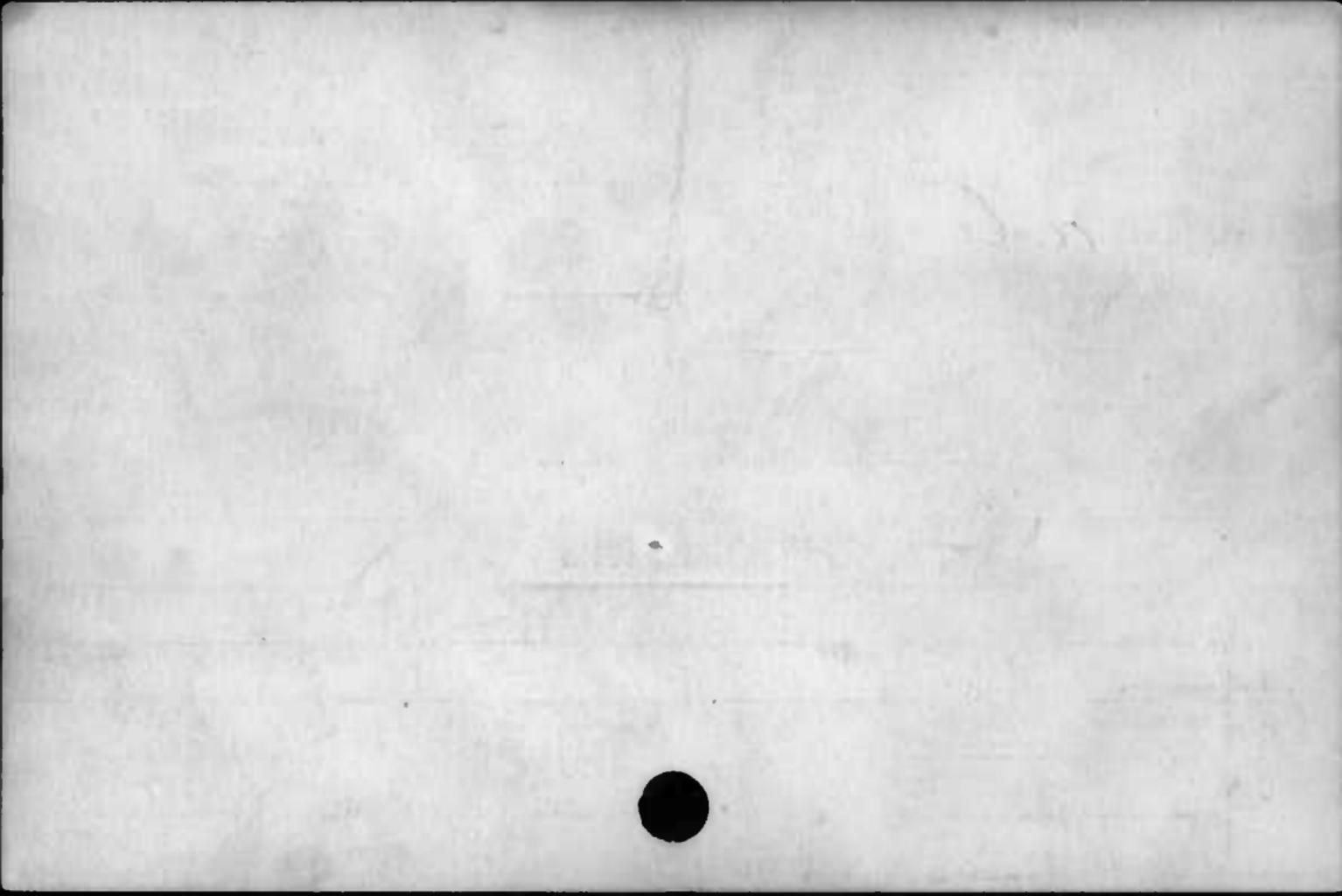
Address

W. A. Daniels

Gedmont

Accident or Suicide?

No



Mrs Hannah Baker				MARYLAND		
Died at		Town	County			
Date of death	1906	Month Jan	Day 14	Years 75	Months	Days
Sex	Female		Color or Race	White		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Jas Baker			
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					
Jas Baker Husband						

## CAUSES OF DEATH

Primary

Paralysis

(11)

How long

about 2 years

How long

several weeks

Immediate

Ephבענעל

Are the name, age, sex, color, date and place correctly given above?

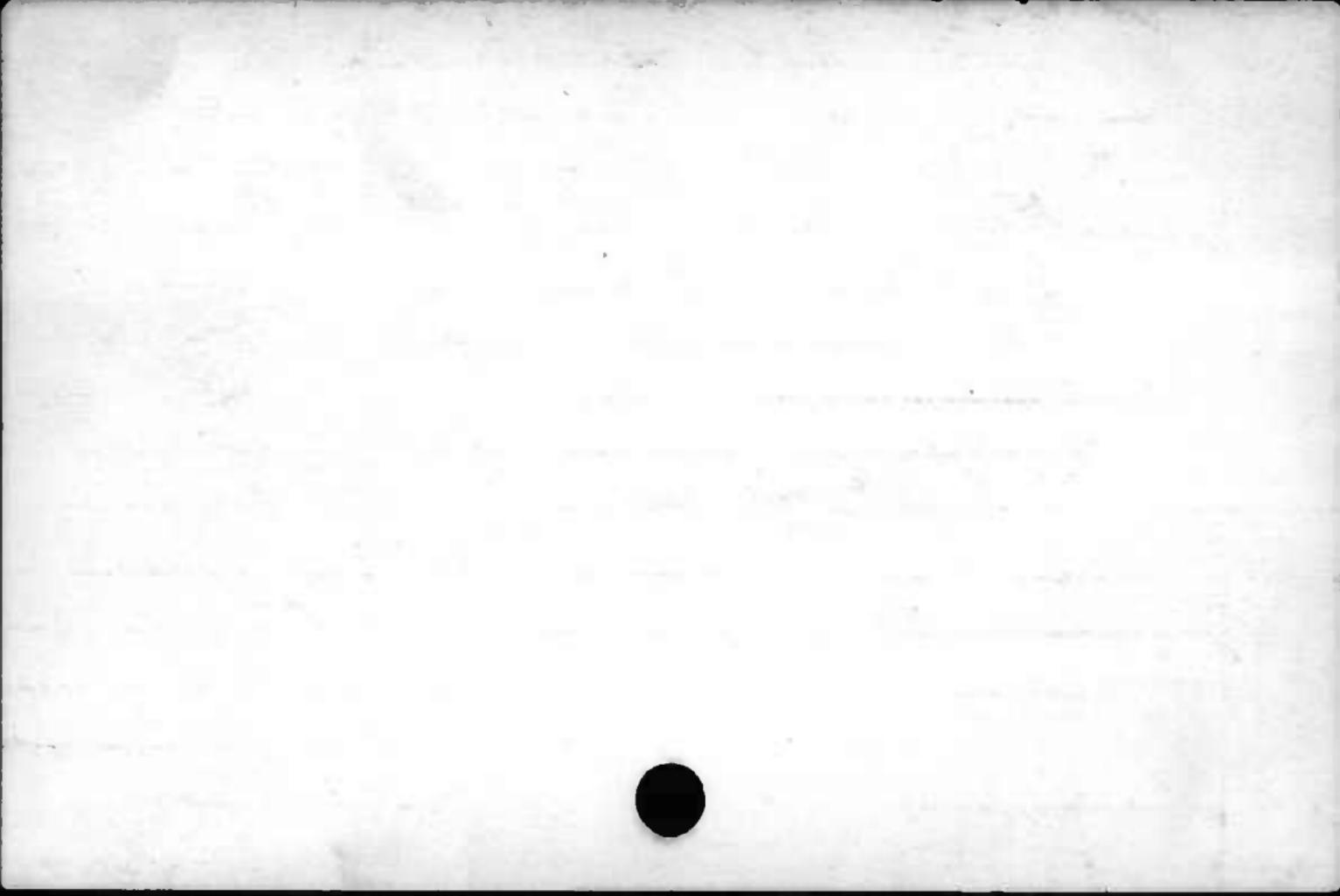
Signature of Physician

Address

Johnson & Resor  
Cumberland

Accident or Suicide?

↗



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

<b>John Wm. Thomas Benson</b>				CERTIFICATE OF DEATH		
Died at <b>Baltimore</b>		Town	County <b>Allegany</b>		MARYLAND	
Date of death <b>1906</b>	Month <b>1</b>	Day <b>20</b>	Age <b>24</b>	Years	Months	Days
Sex <b>Male</b>	Color or Race <b>Black</b>		Birthplace <b>Baltimore</b>			
Occupation <b>Father</b>	Where Residing if not at place of death					
Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b></b>		Father's Birthplace <b>Baltimore</b>			
Father's Name <b>Thomas Benson</b>	Mother's Birthplace <b></b>					
Mother's Maiden Name <b>Flowers Howard</b>	How related to deceased <b>Brother</b>					
Name of person giving information <b>Sister</b>						

CAUSES OF DEATH

Primary

**Liver cirrosis of lungs**

(52) How long

Immediate

**Exhaustion**

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

**B**

**Heagard 202  
25th Library**

Accident or Suicide?

**✓**

Shorpa

Name  
in  
Full

Raymond Black

CERTIFICATE OF DEATH

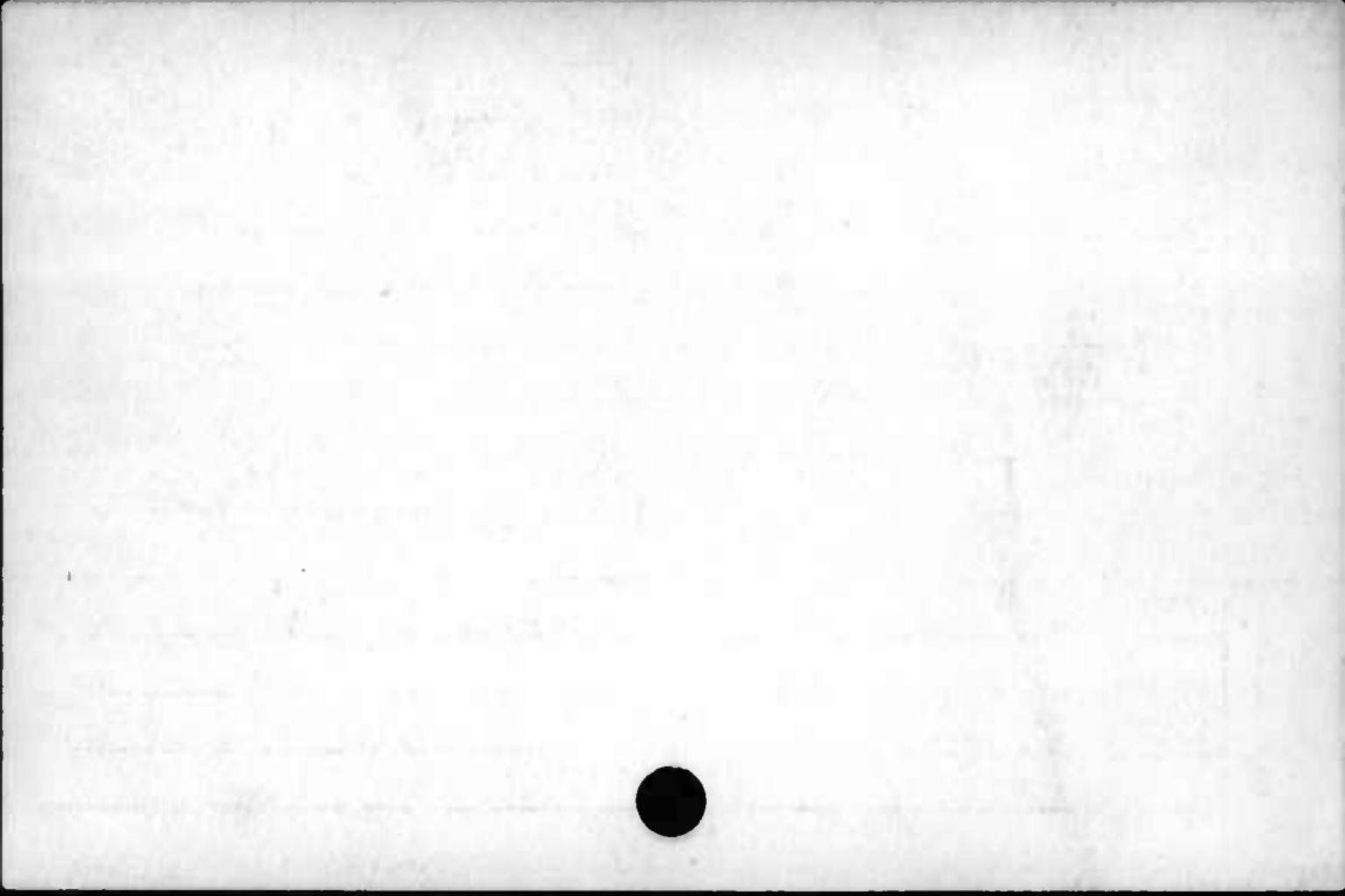
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Year	Months	Days
Sex	Color or Race	Age	Birth-place	Birth-place	
Married, Single or Widowed	Occupation			—	
Name of Wife or Husband	—				
Father's Name	W. H. Mr. Black			Father's Birthplace	Pa
Mother's Maiden Name	Mary Fosterman			Mother's Birthplace	Md
Name of person giving Information	W. H. Mr. Black			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Grossmoldic Croup (S)		How long
Immediate	Heart Failure		3 days How long 1 hour
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. Alan E. Murray M.D.
		Address	met Savage Md
Accident or Suicide?	<input checked="" type="checkbox"/>		



Name  
in  
Full

Rachael Belle May Bore

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Hi. Savage	Town	County	MARYLAND		
Date of death	1906	Month Jun	Day 22	Years	Months	Days
Sex	Female	Color or Race	White	Birth-place	Hi. Savage Md.	
Occupation				Where Residing if not at place of death		
Married, Single or Widowed				Name of Wife or Husband		
Father's Name	Tilden R. Bore			Father's Birthplace	Baltimore, Md.	
Mother's Maiden Name	B. Florence T. Parrin			Mother's Birthplace	Black Tieley, Pa.	
Name of person giving Information	T. R. Bore			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Inanition	(1)	How long	10 mos.
Immediate	Convulsions	(1)	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address	Edward Marley Hi. Savage Md.
Accident or Suicide?	<input checked="" type="checkbox"/>			



Name  
in  
Full

Ruth Ellen Brant

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Age	32	-	
Occupation	Wife		Where Residing if not at place of death	- Wm A. Brant			
Married, Single or Widowed	Married	Name of Wife or Husband	Wm A. Brant		Father's Birthplace	Md	
Father's Name	Dennis Arnold		—		Mother's Birthplace	—	
Mother's Maiden Name	—		—		How related to deceased	Husband	
Name of person giving information	W. A. Brant		—		—		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Iphicid Fever.



How long

3 week.

Immediate

Endo Carditis

How long

Are the name, age, sex, color, date and place correctly given above?

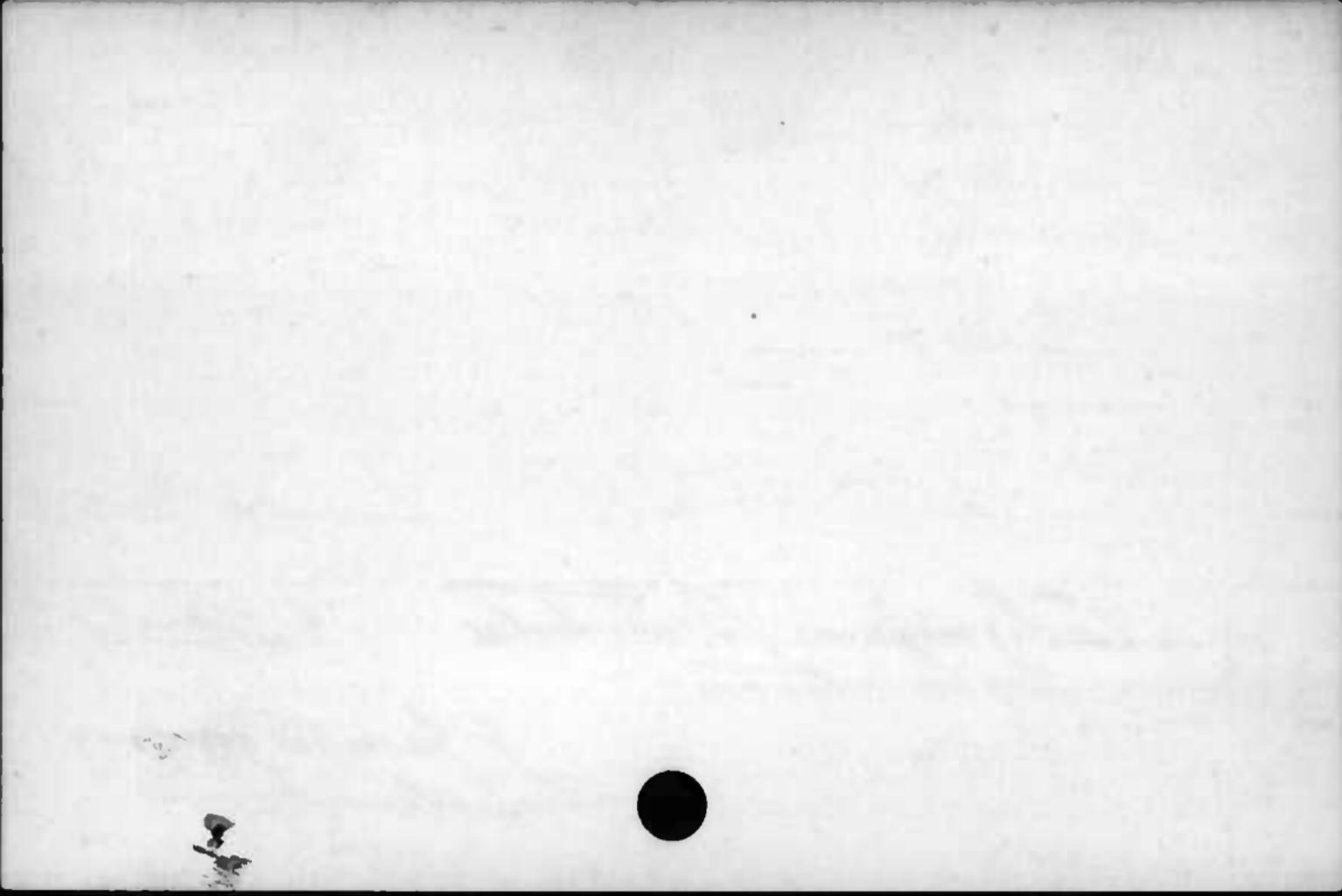
Yes.

Signature of Physician

Address

Editha Brant M.D.  
70 phone

Accident or Suicide?



Name  
in  
Full

Barbara Bretz

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	73	9	10
Occupation	Housekeeper		Where Residing if not at place of death	—		
Married, Single or Widowed	Widow	Name of Wife or Husband	—	—		
Father's Name	—		Father's Birthplace		—	
Mother's Maiden Name	—		Mother's Birthplace		—	
Name of person giving Information	B.W. Bretz		How related to deceased		Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Bronchitis		How long	2 years
Immediate	Exhaustion		How long	several weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. Joseph Stevens	
5		Address	Chestnut Street	
Accident or Suicide?		✓ and		



Name  
in  
Full

Zagger Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Year	Months Days
1906	7	29	— —
Sex	Color or Race	Birth-place	—
Female	white	Ind	
Occupation	Where Residing if not at place of death	—	
Married, Single or Widowed	Name of Wife or Husband	—	
Single	Sayler	—	
Father's Name	Jew. Carter	Father's Birthplace	Ind
Mother's Maiden Name	Mary Delaney	Mother's Birthplace	Ind
Name of person giving information	Jew Carter	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis - Syphilitic Heredity	How long	8 yrs
Immediate	Inanition	How long	3 yrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. S. J. Schreier
y es		Address	1025 Parkheights
Accident or Suicide?		Ind	

Gfll  
Cath

Name  
in  
Full

Margaret Virginia Cather

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Jan	31	1	0	18
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	William Cather				
Mother's Maiden Name	Daisy B. Worlton				
Name of person giving Information	Father				
Father's Birthplace	W. Va.				
Mother's Birthplace	Pa.				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Whooping Cough & Pneumonia

How long

1 mo

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

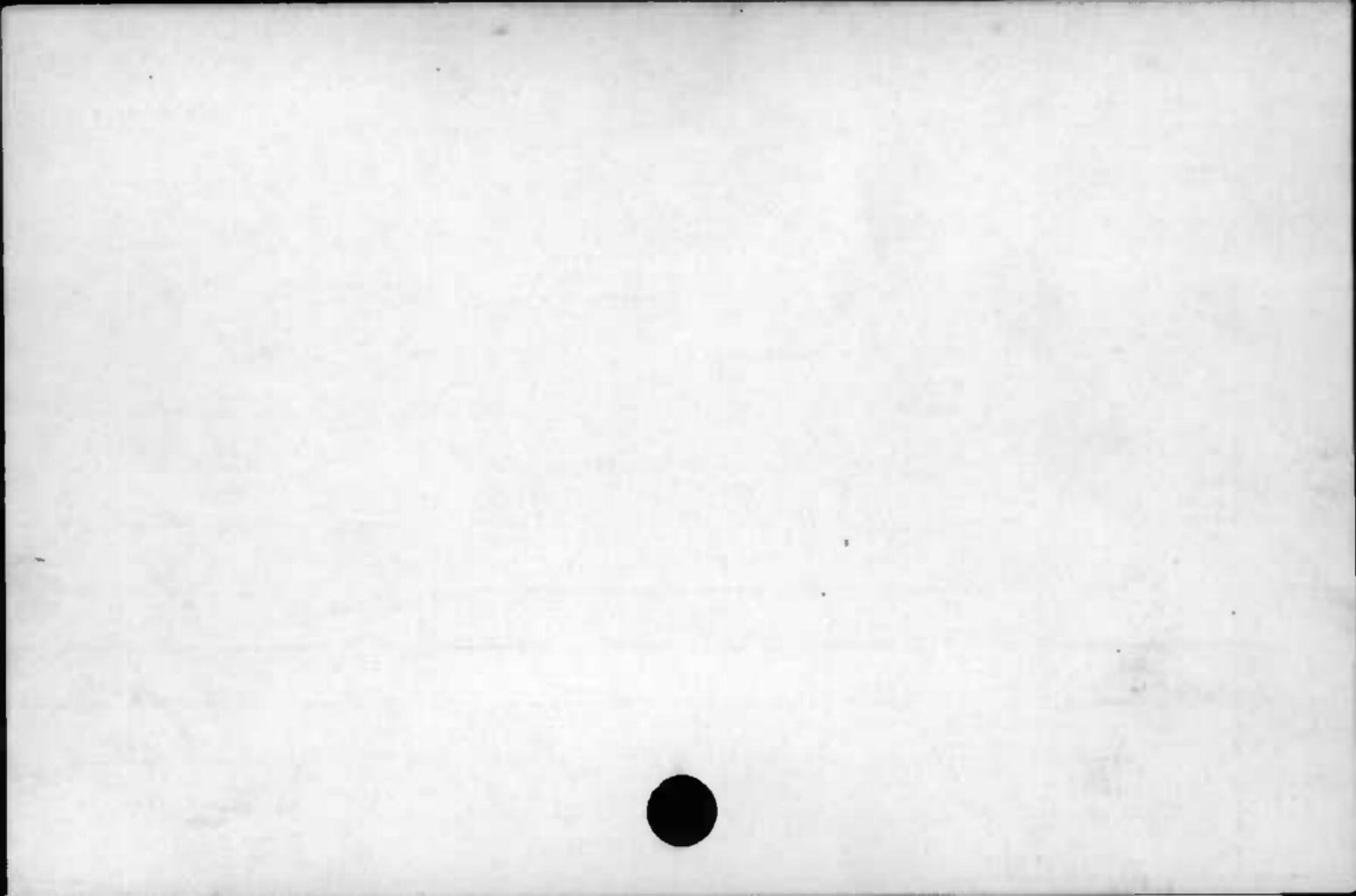
Address

Geo. L. Broadbent  
Cumberland, Md.

S

W

Accident or Suicide?



Name  
in  
Full

Anna Cecilia Caury

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Andrew Caury			
Father's Name	Jonathan Arnold			Edmond	
Mother's Maiden Name	—			Edmond	
Name of person giving information	Pat. Conn			Pm	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Exhaustion & exhaustion How long —  
4 (54)

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?

John

Cath

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	23	Birth- place Pa -	
Occupation	Brothel-keeper -					
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death - Pa -			
Father's Name	Rhoda		Dugger			
Mother's Maiden Name	Sarah		Pa -			
Name of person giving Information	How related to deceased					

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Killed by Cars

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

Accident or Suicide?



Name  
in  
Full

Eugene Jane Cline  
Frosting Town  
Allegany County

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Date of death		Month	Day	Age	Years	Months	Days
Frosting	1906	July	20		23			
Sex	Color or Race		Name of Wife or Husband		Where Residing if not at place of death			
Female	English		Davel Cline		Frosting			
Occupation	Housewife							
Married, Single or Widowed								
Father's Name	Ira Beach				England			
Mother's Maiden Name	Sarah Beach				England			
Name of person giving Information	Alfred Cline				He is in Law			

CAUSES OF DEATH

Primary	Diabetes Mellitus		How long
Immediate	Coma		How long
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician
			Address
Accident or Suicide?			



Lorraine  
McLuckie

Sunday - Friday -

## CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
1906	Jan.	10	34	4	10		
Sex	Female	Color or Race	White	Birth-place Westminskt Md			
Occupation	Housewife		Where Residing if not at place of death	Pittsburg			
Married, Single or Widowed	Married	Name of Wife or Husband	John Craig				
Father's Name	William Whitfield		Father's Birthplace	Frostburg Md.			
Mother's Maiden Name	Mary Catharine Michaels		Mother's Birthplace	Graftonville Md			
Name of person giving information	Bellie Gardner		How related to deceased	Sister			

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Unknown (21)	How long	—
	Immediate	Pulmonary Tuberculosis	How long	July 3rd, 1906
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	James E Holdsworth	
		Address	Lonaconing	
Accident or Suicide?				



Name  
in  
Full

Mary Elizabeth Cink

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth- Place	Birth- Place	
Married, Single or Widowed	—	Occupation		—		
Name of Wife or Husband	—					
Father's Name	Harry Cink		Father's Birthplace		Pa	
Mother's Maiden Name	Anna Beale		Mother's Birthplace		Ind	
Name of person giving Information	Harry Cink (65)		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Hemorrhagic Disease		How long	12 hours
Immediate	Exhaustion		How long	5 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	F. Alan S. Munro M.D.		
	Address	Mt. Savage, Md.		
Accident or Suicide?	✓			

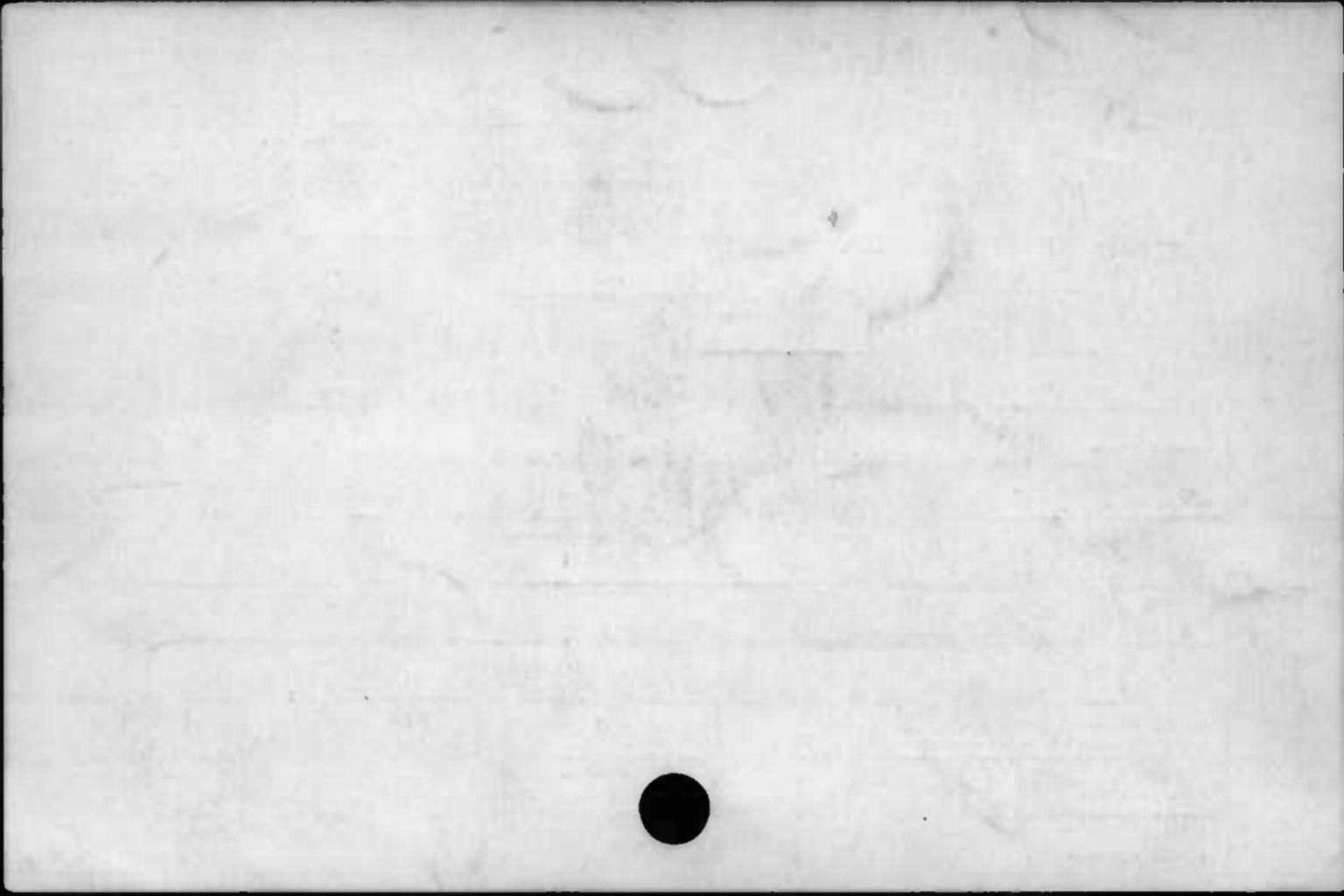


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH					
Died at		Town	County		MARYLAND
Date of death	Month	Day	Years	Months	Days
1906	1	19	19		
Sex	Male	Color or Race	White	Birth- place	Cumberland
Occupation	Brakeman	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Ella Brown Dallbaugh		
Father's Name	John Dallbaugh		Father's Birthplace	Cumberland	
Mother's Maiden Name	Ella		Mother's Birthplace	Va	
Name of person giving Information	Life.		How related to deceased		
CAUSES OF DEATH					
Primary				How long	
Immediate	Railroad accident			How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Address		
B			J. B. Hendrix Cumberland Md		
Accident or Disease?					



Name  
in  
Full

Lethia Dannison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

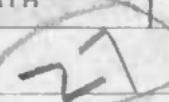
Died at		Town	County		MARYLAND		
Date of death	1906	Month Jan	Day 19	Years 48	Months —	Days —	
Sex	Female	Color or Race	White	Birth- place	Md.		
Occupation	Housewife		Where Residing if not at place of death	—			
Married, Single or Widowed	Married	Name of W <del>ife</del> Husband	Francis M. Dannison	Father's Name	—		
Mother's Maiden Name	—		Mother's Birthplace	—			
Name of person giving Information	J. M. Dannison		How related to deceased	Husband			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Tuberculosis



How long

unknown

Immediate

Medastinal abscess

How long

6 or 8 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John Broadway

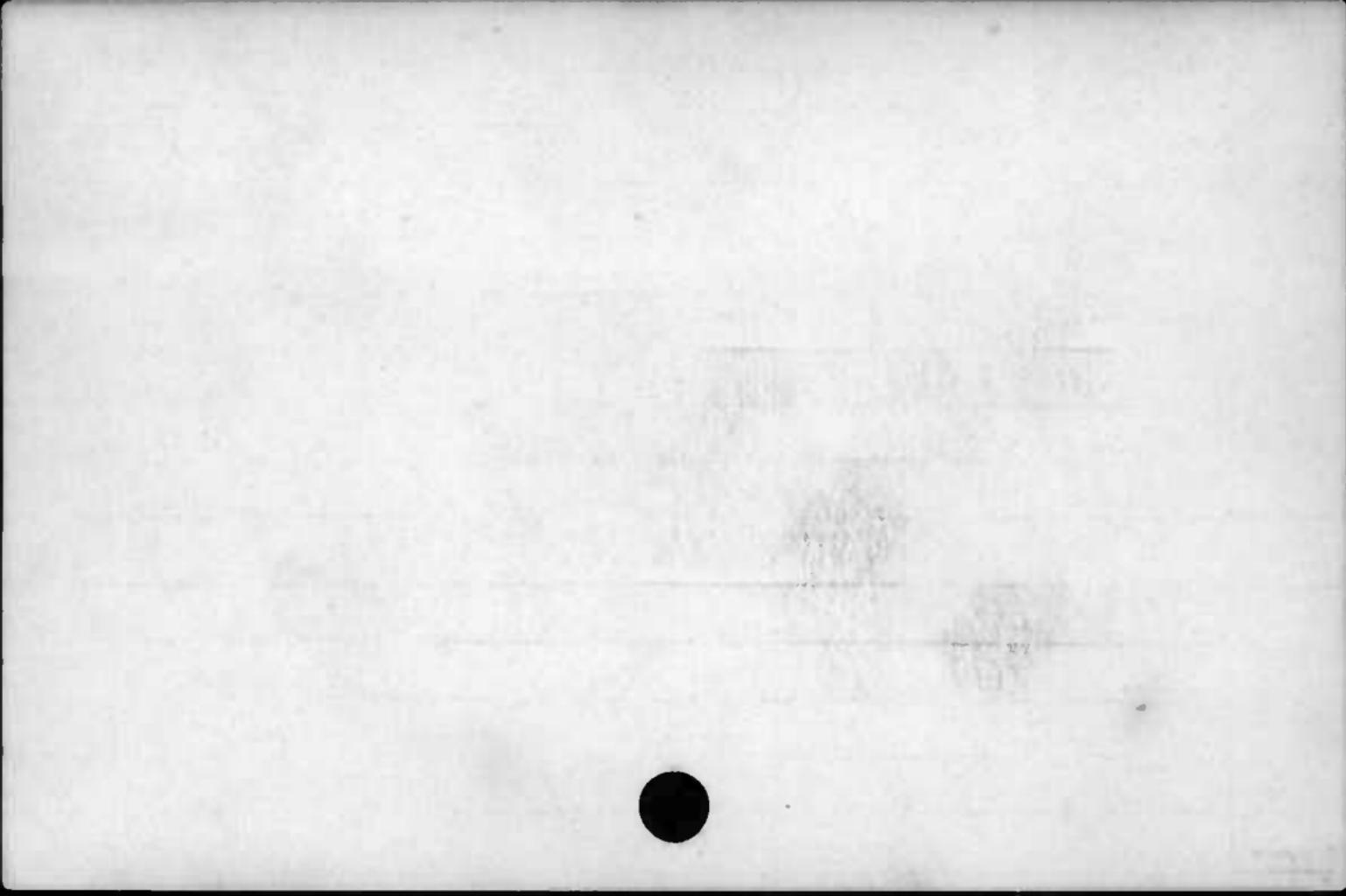
Cumberland

Md

S

M

Accident or Suicide?



Name  
in  
Full

Edward Davis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Year	Months	Days	
1906	Jan	20	1849	8	15	
Sex	Male	Color or Race	white	Birth-place	Mt. Savage	
Occupation	Train Dispatcher		Where Residing if not at place of death	Rockhurst Minas Md.		
Married, Single or Widowed	Name of Wife or Husband		Mary Conrad			
Father's Name	John Davis		Father's Birthplace	Germany		
Mother's Maiden Name	Louise Conrad		Mother's Birthplace	Germany		
Name of person giving information	John Edw. Davis		How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phlebitis		How long	about 2 weeks.
Immediate	Probably Embolism		How long	immediate
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	B. M. Cromwell - M. S.
			Address	Rockhurst Minas
Accident or Suicide?				7th

77 C5

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Moses Robenette Davis				CERTIFICATE OF DEATH		
Died at Cumberland		Town		County		MARYLAND
Date of death	1906 Jan	Month	19	Day	Years	Months
Sex	Male	Color or Race	white	Age	35	Days
Occupation	Laborer		Where Residing if not at place of death			Allegany Co Md
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Isaac Davis		Father's Birthplace			Md
Mother's Maiden Name	Caroline Hite		Mother's Birthplace			Pa.
Name of person giving Information	Elizabeth Davis		How related to deceased			sister
CAUSES OF DEATH						
Primary	Rheumatism			How long		
Immediate	Cardiac Failure (41)			four days		
Are the name, age, sex, color, date and place correctly given above?				How long		
Yes				Immediate		
PHYSICIAN OR CORONER	Signature of Physician			Address		
	D L Oliver			Cumberland		
Accident or Suicide?				Md		

B  
Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

John W. Diffinbaugh

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Date of death	Month	Day	Years
1906	Jan	16	Age 32
Sex	Color or Race	Birth-place	Months Days
Male	White	Md	✓
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Francis Diffinbaugh	
Father's Name	Denton Diffinbaugh	Father's Birthplace	Md
Mother's Maiden Name	Julia Ross	Mother's Birthplace	Md
Name of person giving Information	John R. Diffinbaugh	How related to deceased	Uncle

CAUSES OF DEATH

Primary	Pneumonia	93	How long
Immediate	Exsanguination		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

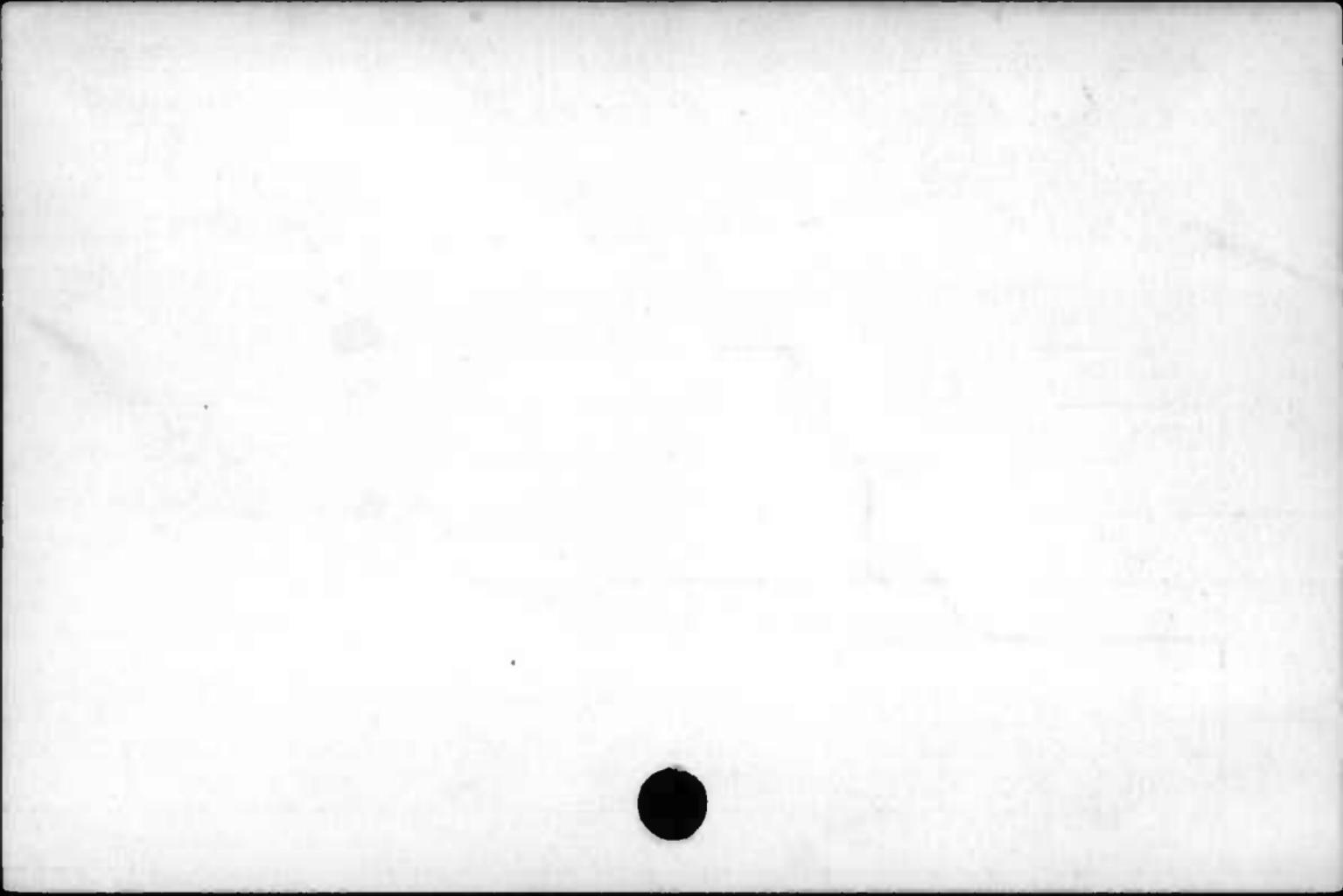
Dr. Thos. Koen  
Dr. Louis Stein  
Cumberland

Accident or Suicide?

LOUIS STEIN

Koen

9th



Name  
in  
Full

John H Diggs

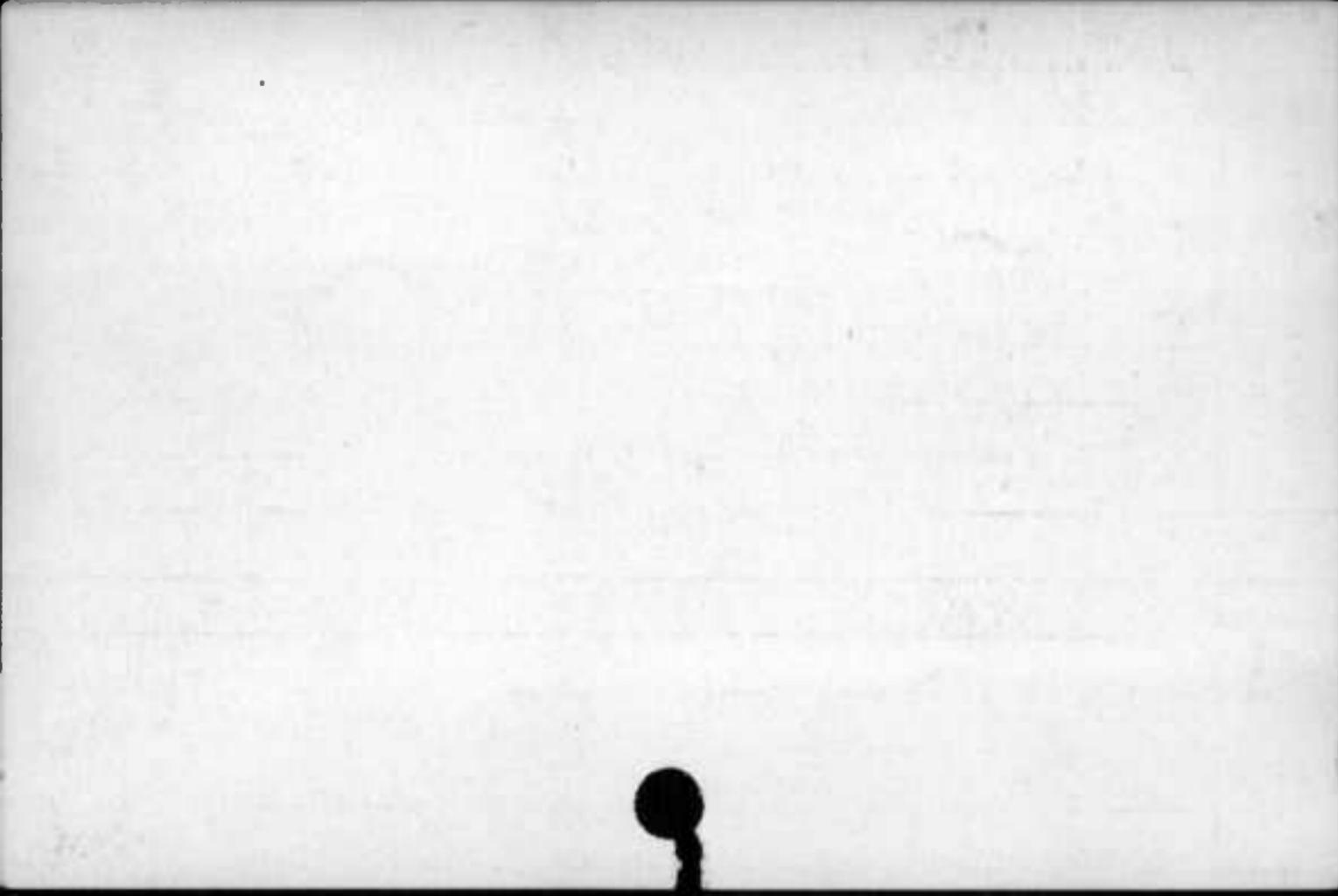
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Columbia</u>		Town <u>area</u>		County <u>area</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>July</u>	Day <u>4</u>	Age <u>60</u>	Years <u>60</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>					
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>-</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Catharine Diggs</u>	Father's Birthplace <u>-</u>					
Father's Name <u>John</u>	Mother's Birthplace <u>-</u>						
Mother's Maiden Name <u>Catharine Hammersmith</u>	Germany						
Name of person giving information <u>Wm Hammersmith</u>	How related to deceased <u>Bro in Law</u>						

CAUSES OF DEATH

P H Y S I C I A N OR C O R O N E R	Primary <u>Bright's Disease. Cirrhosis Liver</u>	How long <u>1 year</u>
	Immediate <u>Exhaustion</u>	How long <u>1 week.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>H. R. Hodges M.D.</u>
		Address <u>for phone.</u>
Accident or Suicide? <u>✓</u>		



Name  
in  
Full

Mrs R E Wileby

CERTIFICATE OF DEATH

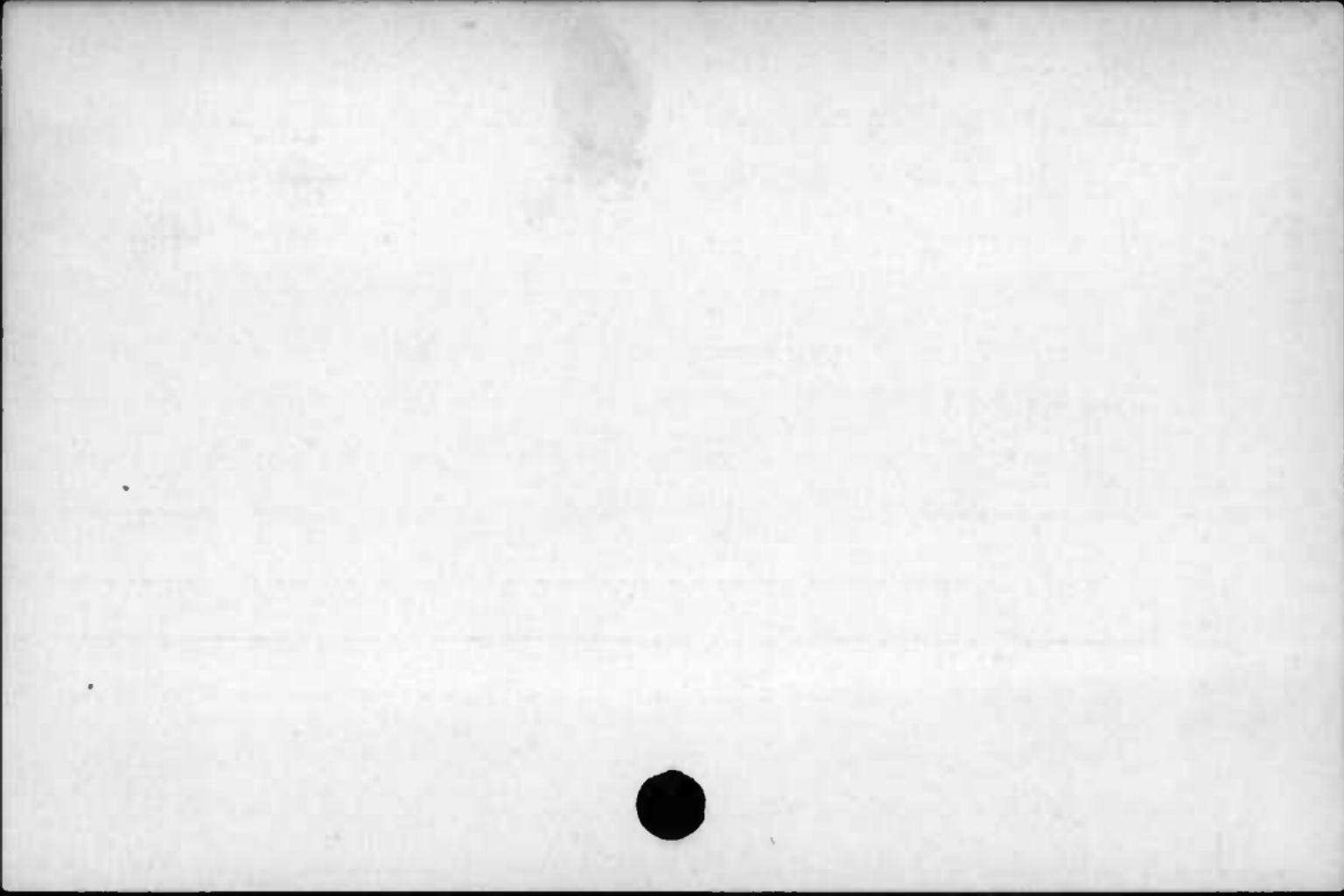
To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND				
Eckhart		alleg							
Date of death	1906	Month Jan	Day 25	Years	Age	71	Months	—	Days
Sex	female	Color or Race	white	Birth-place	md				
Occupation	Moore	Where Residing if not at place of death		—					
Married, Single or Widowed	widow	Name of Wife or Husband	Barney Wileby						
Father's Name	Adam Clancy	Father's Birthplace		md					
Mother's Maiden Name	Isabel Welsh	Mother's Birthplace		md					
Name of person giving Information	Mrs C H Brace	How related to deceased		dau.					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Asphyx	(64)	How long	1 week
Immediate	Conv		How long	2 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	C H. Brace	
		Address	Annapolis Md	
S			✓	
Accident or Suicide?				



Name  
in  
Full

Melvin Duckworth

CERTIFICATE OF DEATH

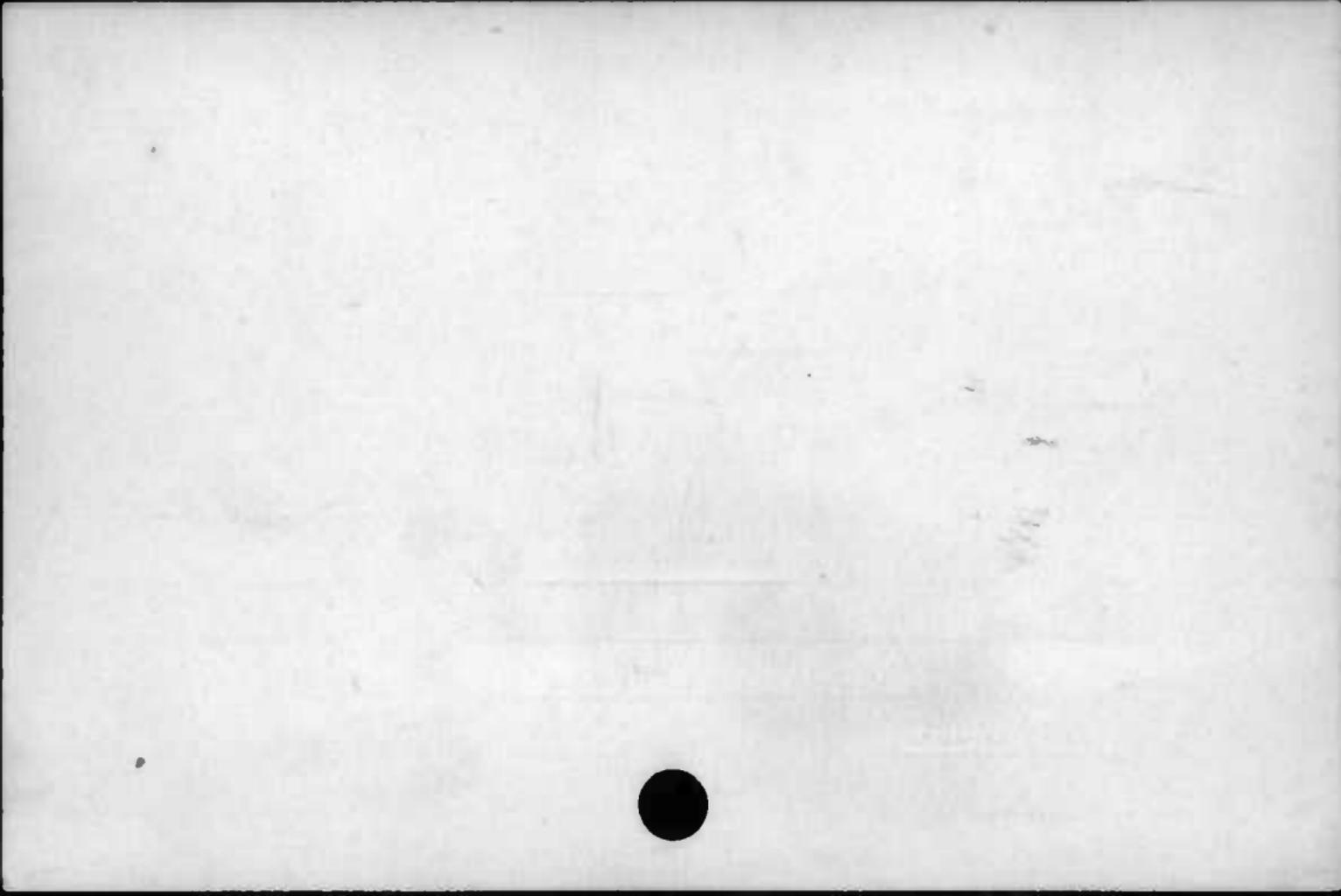
To BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at	Leavenworth	Allegany		
Date of death	1906 Jan 19	Day	Years	Months Days
Sex	Male	Age	8	
Occupation	None	Color or Race	White	Birthplace
Where Residing if not at place of death		Leavenworth		
Married, Single or Widowed	Name of Wife or Husband		—	
Father's Name	James Wilson		Father's Birthplace	
Mother's Maiden Name	Elizabeth Duckworth		Leavenworth	
Name of person giving information	Joe Duckworth Jr		Mother's Birthplace	
How related to deceased Grandmother				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Capillary Bronchitis	90	How long	10 days
Immediate	Meningitis	yes	How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Address		
Accident or Suicide?		W. B. Skilling, Leavenworth		



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

James T Eddins				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Cumberland		allegany					
Date of death	1906	Month	1	Day	20th	Years	51
Age		Months		Days			
Sex	Male	Color or Race	White	Birth-place	Va		
Occupation	Carpenter.			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Father's Name	John Eddins			Father's Birthplace	Va.		
Mother's Maiden Name	Dead			Mother's Birthplace			
Name of person giving information	Mrs McDowell			How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Struck by piece of Lumber	How long	-
	Immediate	(166)	How long	about 20 minutes
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	EF White
			Address	White
S				
Accident				Cumberland Ind



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Patrick Finnegan

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1906	Month 11	Day 1	Years 58	Months -	Days -	
Sex	M	Color or Race	W	Birth-place	Md.		
Occupation	Miner.		Where Residing if not at place of death	Md.			
Married, Single or Widowed	Name of Wife or Husband		Thomas Finnegan				
Father's Name			Ireland.				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	John Rafferty,		How related to deceased Nephew.				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Miners & asthma (no) Astic Regulation		How long 10 yrs.
Immediate			How long 2 yrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. W. J. M. Lane	
		Address	
Accident or Suicide?		✓	

from

Catholic County -

Name  
in  
Full

James Fisher

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Near Died at		Town	County		MARYLAND		
Date of death	1906	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Pax		
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Widower		Deade				
Father's Name	—		Father's Birthplace	—			
Mother's Maiden Name	—		Mother's Birthplace				
Name of person giving Information	Ella Hardincon		How related to deceased	Sister			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

93

How long

3 weeks

Immediate

Exhaustion

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

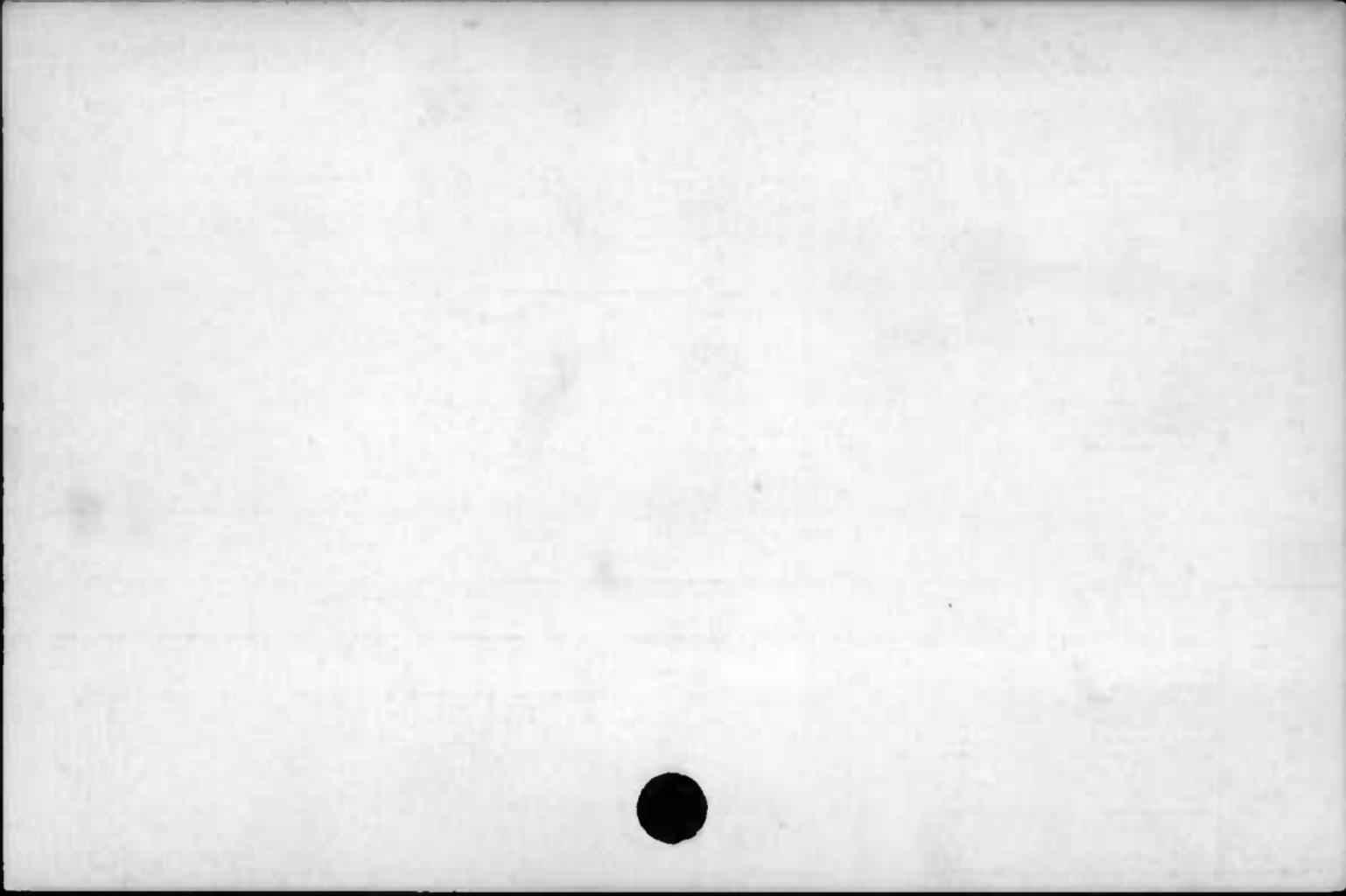
Off Bracce

Gimbo

Md

S

Accident or Suicide?



Name  
in  
Full

Henry Gelson

CERTIFICATE OF DEATH

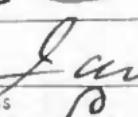
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Smacoming</u> Town <u>allegany</u> County			MARYLAND		
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>21</u>	Years <u>1</u>	Months <u>5-</u>	Days <u>8</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Smacoming</u>			
Occupation <u>✓</u>	Where Residing if not at place of death <u>✓</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>✓</u>				
Father's Name <u>John Gelson</u>	Father's Birthplace <u>Corriganville</u>				
Mother's Maiden Name <u>Agnus M. Lee</u>	Mother's Birthplace <u>Smacoming</u>				
Name of person giving information <u>Charles Gelson</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Scarlet Fever  How long 3 weeks

Immediate Broncho Pneumonia  How long 4 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

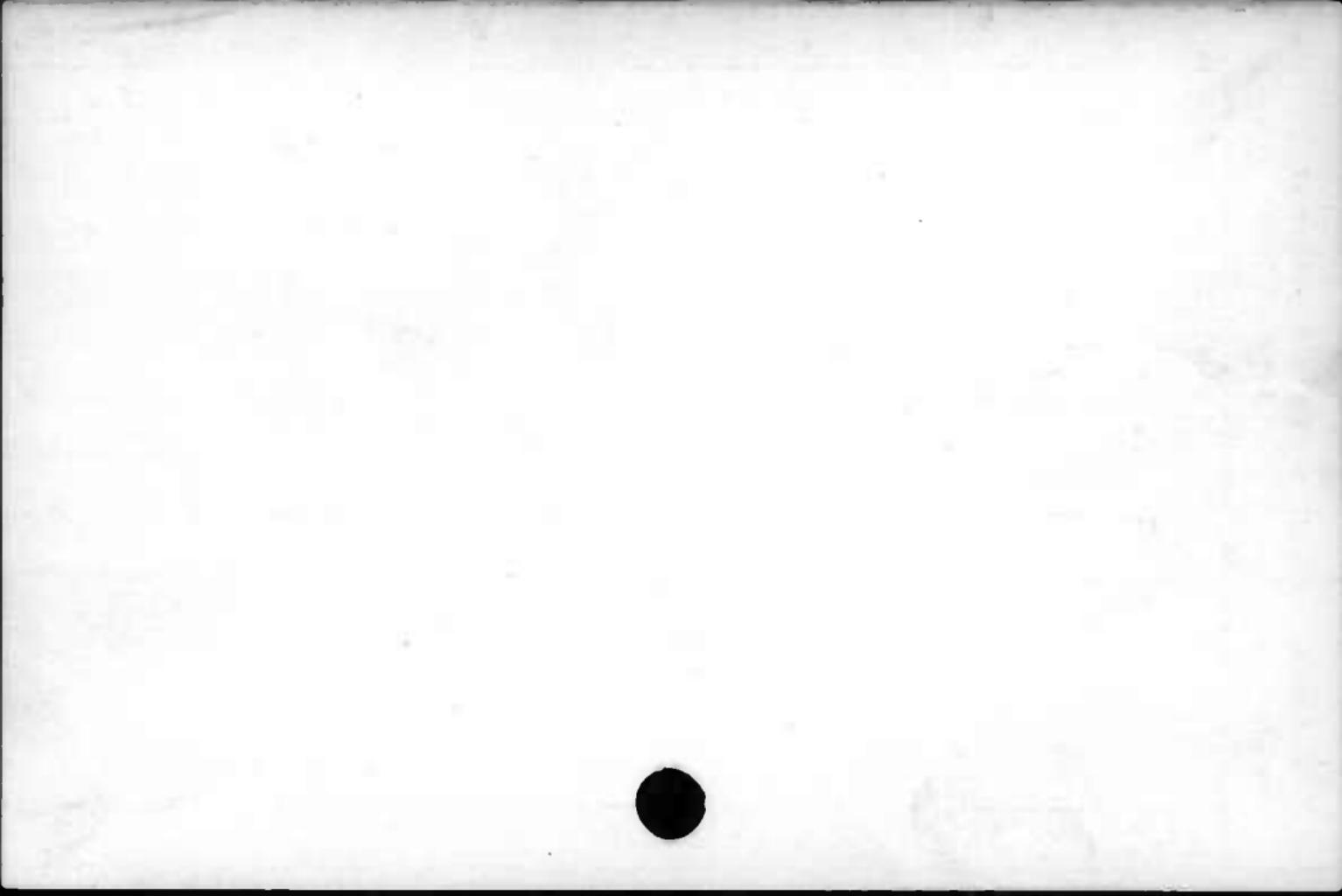
Address

James Q. Bullock

Smacoming

Maryland

Accident or Suicide? No



Name  
in  
Full

Mrs. Catherine Goldsworthy

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
Sex	Color or Race						
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Paul Goldsworthy					
Father's Name	Henry Middleton						
Mother's Maiden Name	Kate Elsie						
Name of person giving information	Jas. Goldsworthy						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia -		How long	Three days -
Immediate	Exhaustion		How long	93 Few hours.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. C. Cobey M.D.	
		Address	Falling, Md.	
Accident or Suicide?	no -	Per E. R. C.	Md.	

to Mr

Allegheny County.

Name  
in  
Full

Margretta a Harsh

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Green Ridge	Month	Day	Years	Months	Days
Date of death	1906	Jan	19	Age	69	-
Sex	Female	Color or Race	White	Birth-place	Md	
Occupation	House wife			Where Residing if not at place of death	-	
Married, Single or Widowed	Widow	Name of Wife or Husband	-			
Father's Name	John			Father's Birthplace		
Mother's Maiden Name	Dora			Mother's Birthplace		
Name of person giving Information	Daniel Harsh			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary La Grippe. 10 How long 12 days

Immediate Ex haemoptysis

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of

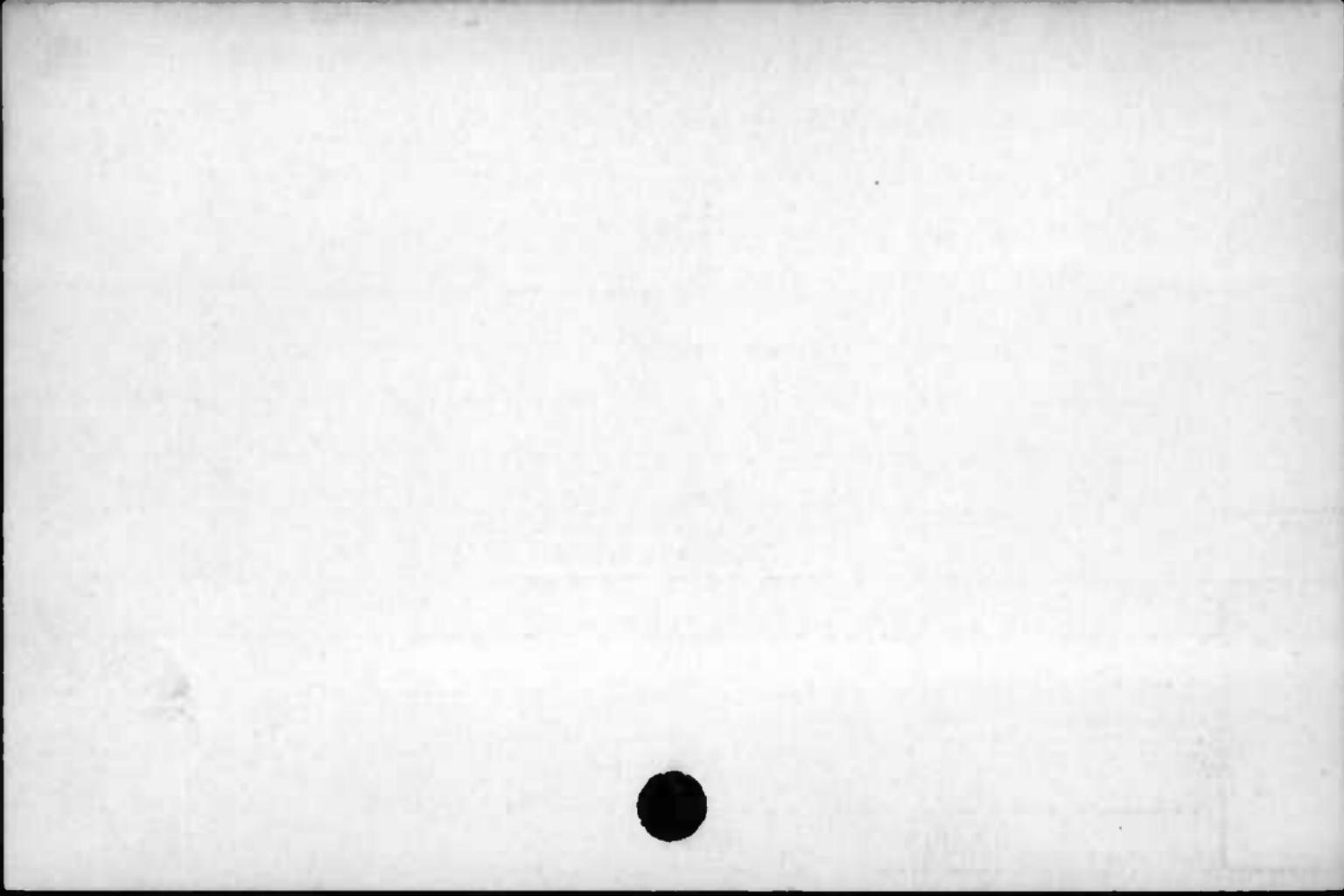
Address

Louis Stein.

Cumberland Rd.

Undertaker ✓

Accident or Suicide?



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Cumberland</u> Town		<u>Allegany</u> County		MARYLAND		
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>3</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Cumberland, Md.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Edward Hillard S</u>	Father's Birthplace <u>W. Va.</u>					
Mother's Maiden Name <u>Myrtle Darr</u>	Mother's Birthplace <u>Allegany Co., Md.</u>					
Name of person giving information <u>Myrtle Hillard</u>	How related to deceased <u>Mother</u>					

## CAUSES OF DEATH

Primary <u>Still born</u>	How long <u>—</u>
Immediate <u>Asphyxia</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	

Signature of Physician

Address

Charlotte B. Gardner,  
Cumberland, Md.

Accident or Suicide?

36 Celȳ

Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Katie Hinkle		Town	County		MARYLAND	
Died at	Star Catholick Acaymey					
Date of death	1906	Month Jan	Day 22	Age 24	Years	Months
Sex	Female	Color or Race	White	Birth-place	me	Days
Occupation	Housekeeper		Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	Edward Hinkle		Father's Birthplace	Md		
Mother's Maiden Name	Harriet Durig		Mother's Birthplace	MR		
Name of person giving information	E. M. Hinkle		How related to deceased	Brother		

CAUSES OF DEATH

Primary

Do not Reopen

How long

How long

Other than Corbolic Acid

15  
2 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature  
Physician

Address

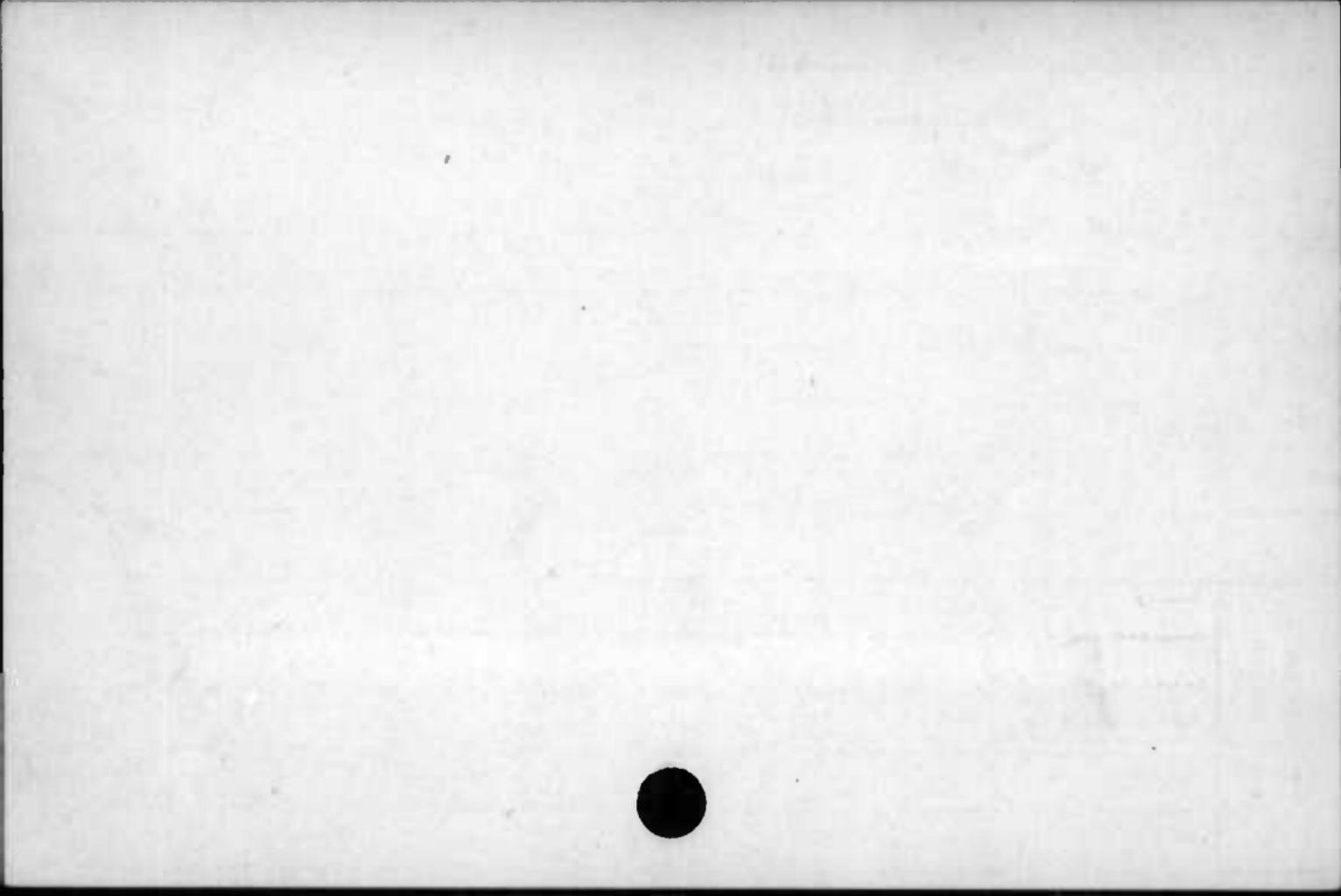
J. B. Neubolt

Acting Coroner

Accident or Suicide?

Do not Reopen

CORONER



Name

in  
Full

TO BE ANSWERED BY

NEAREST FRIEND

Oskar Hood

## CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years	Age	Months	Days	
1906	1	10	—	—	1	21	
Sex	Color or Race		Where Residing if not at place of death		Occupation		
Male	White		Hagerstown Md		Hagerstown Md		
Occupation	Name of Wife or Husband		Where Residing if not at place of death		Occupation		
—	St. S. Hood		Hagerstown Md		Hagerstown Md		
Married, Single or Widowed	Name of Wife or Husband		Where Residing if not at place of death		Occupation		
Single	St. S. Hood		Hagerstown Md		Hagerstown Md		
Father's Name	Name of Wife or Husband		Where Residing if not at place of death		Occupation		
St. S. Hood	St. S. Hood		Hagerstown Md		Hagerstown Md		
Mother's Maiden Name	Name of Wife or Husband		Where Residing if not at place of death		Occupation		
Florine Foster	St. S. Hood		Hagerstown Md		Hagerstown Md		
Name of person giving information	Name of Wife or Husband		Where Residing if not at place of death		Occupation		
Mother	St. S. Hood		Hagerstown Md		Hagerstown Md		
CAUSES OF DEATH							
Primary	Hepatitis		114	How long		a week	
Immediate	—		—	How long		—	

PHYSICIAN  
OR CORONER

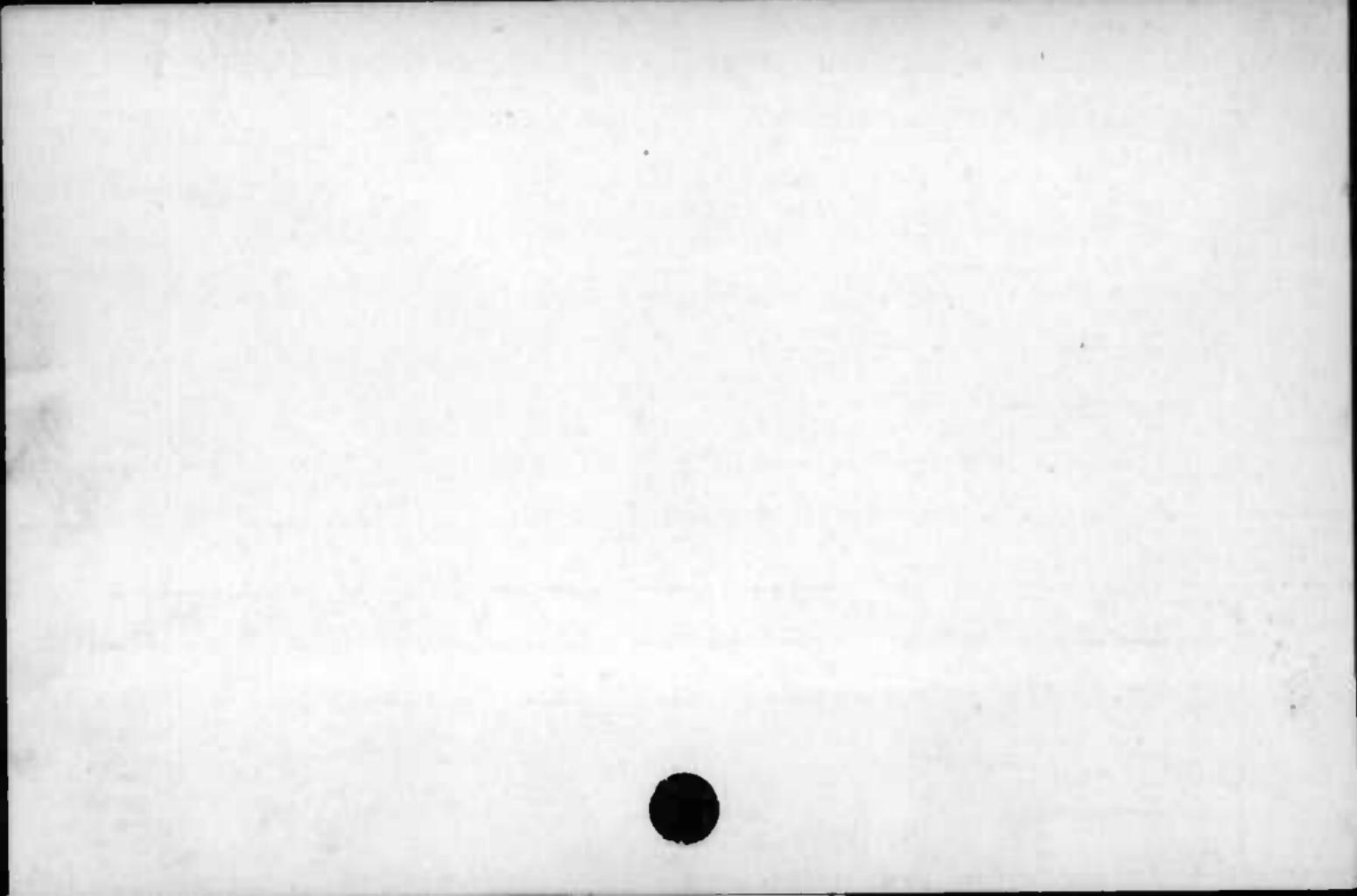
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Hanson  
Hagerstown Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Idean May Hopwood  
deceased.

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Birth-place	Baltimore	
Occupation	—		Where Residing if not at place of death	—		
Married, Single or Widowed	—		Name of Wife or Husband	—		
Father's Name	Edmar Hopwood			Father's Birthplace	Baltimore	
Mother's Maiden Name	Lorraine Durst.			Mother's Birthplace	Baltimore	
Name of person giving information	Edmar Hopwood			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Septic fever



How long

about 12 weeks

Immediate

Septicemia

How long

about 7 weeks

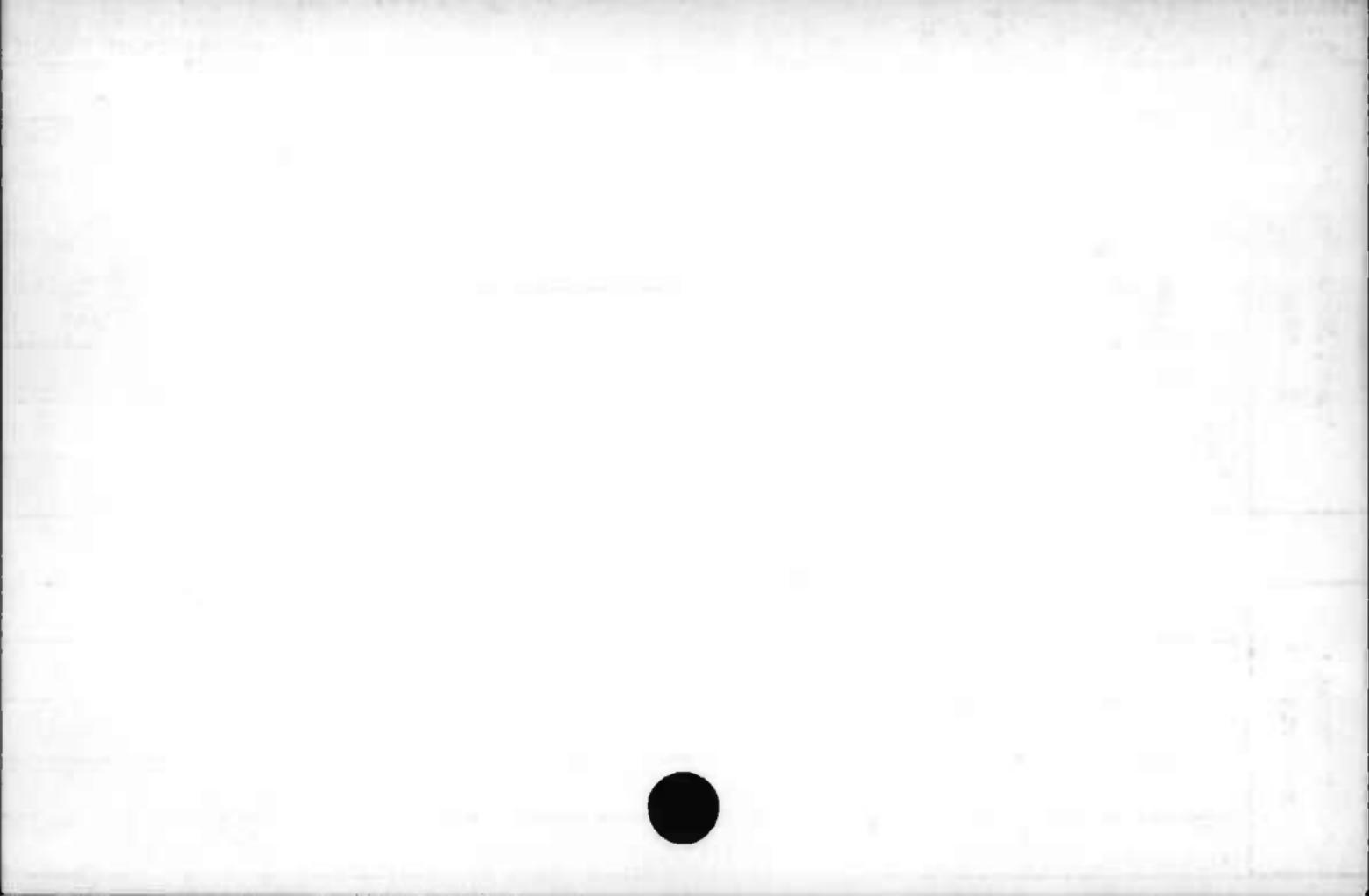
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edmar Hopwood  
Baltimore and  
Maryland

Accident or Suicide?



Name  
in  
Full

Steel born Hudson

CERTIFICATE OF DEATH

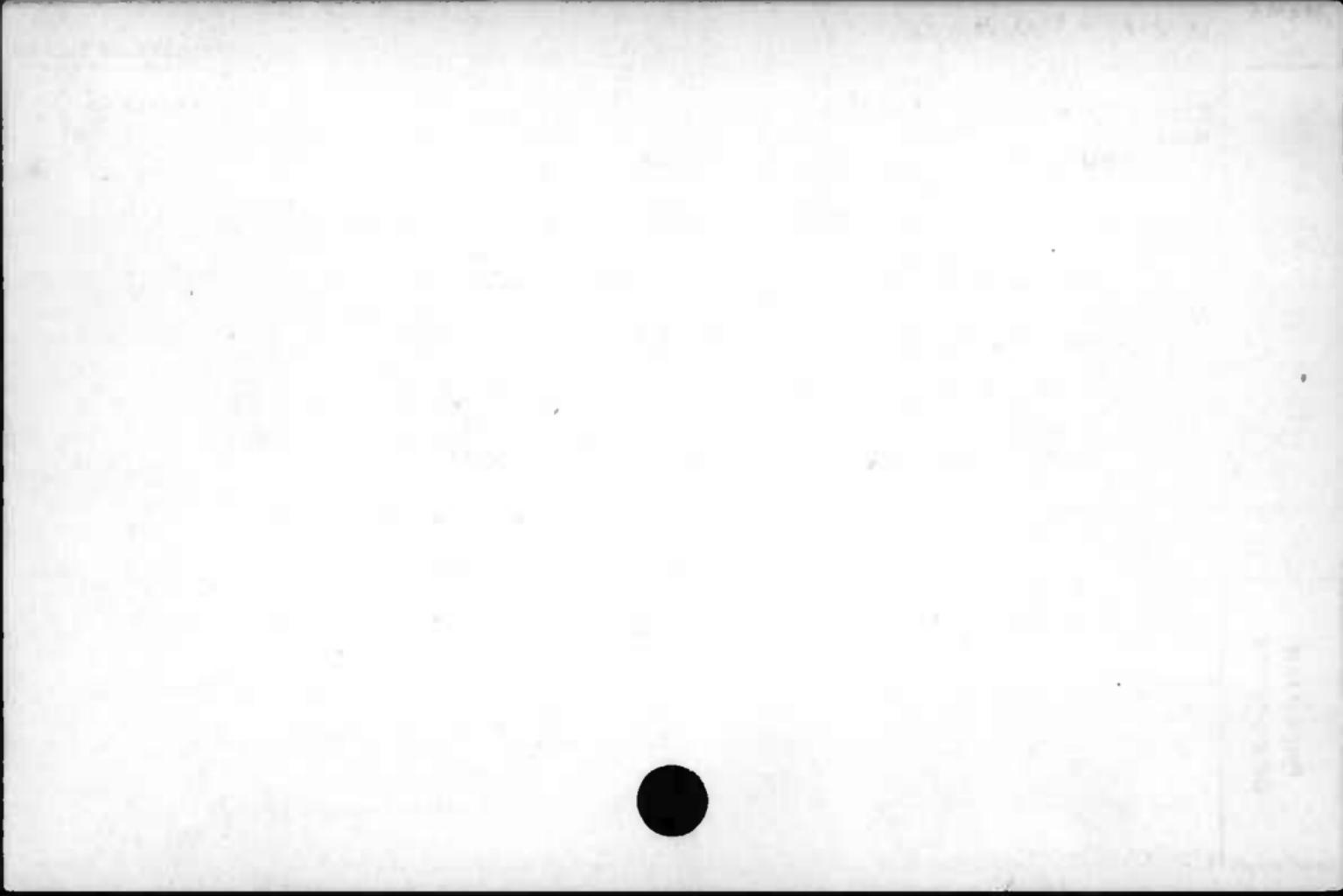
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cummard	Alleg		
Date of death	Month	Day	Years
1906	Jan	7	—
Sex	Age	Birth-place	Days
female	—	Md	1
Occupation	Color or Race	Where Residing if not at place of death	—
Wm	white	—	
Married, Single or Widowed	Name of Wife or Husband		
—	—		
Father's Name	—	Father's Birthplace	—
Hudson	S		
Mother's Maiden Name	—	Mother's Birthplace	—
Mary Lloyd	S		
Name of person giving Information	—	How related to deceased	Brother
Steel born	S		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Steel - born	—
Immediate	How long
—	—
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	STWJ Hudson
	Address
	Cummard
Accident or Suicide?	Md



Name  
in  
Full

George Rufus Johnson

CERTIFICATE OF DEATH

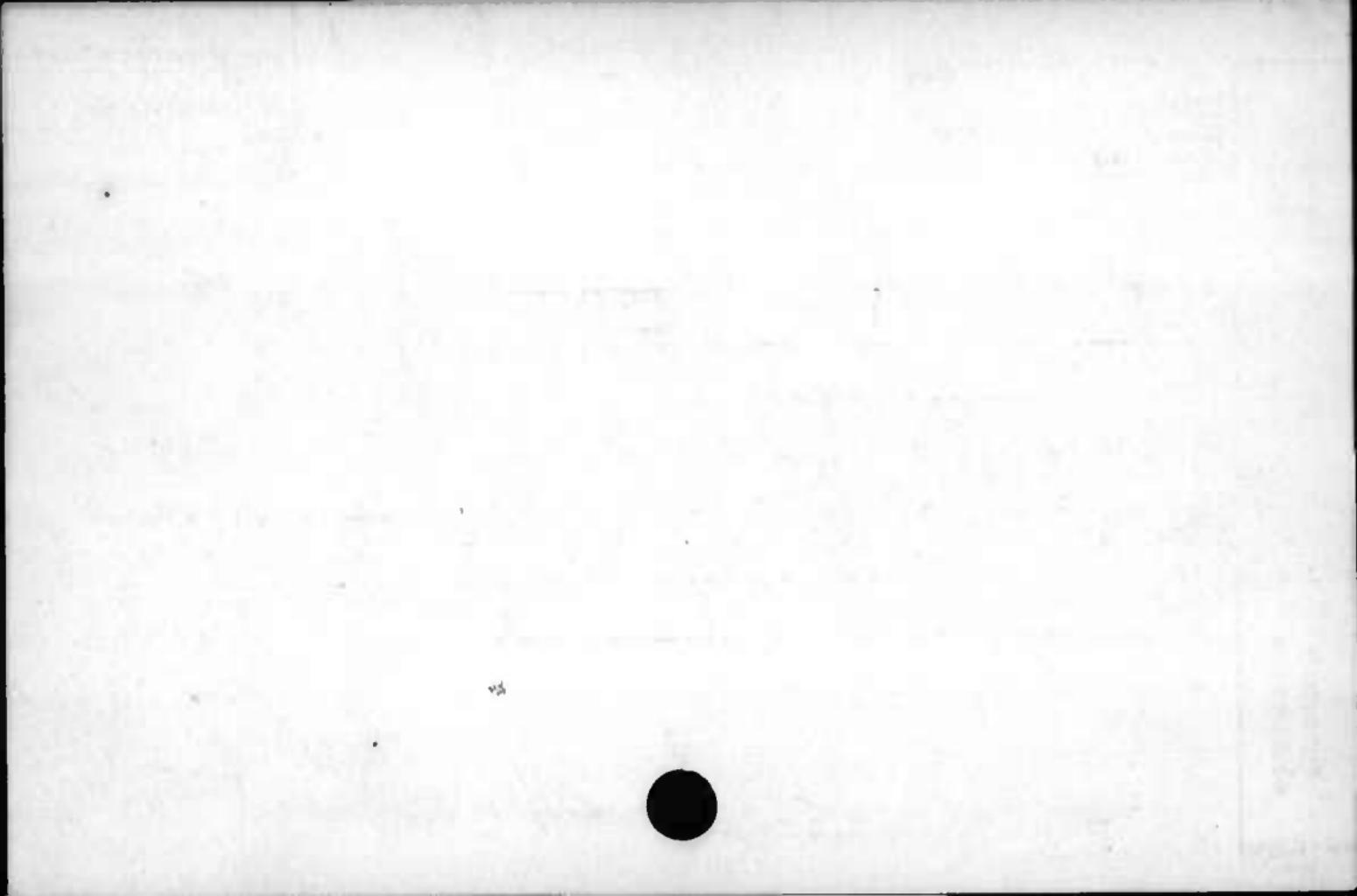
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1906	Month Jan	Day 29	Years 42	Months 2	Days 9	
Sex	male	Color or Race	white		Birth-place	Md	
Occupation	None					Where Residing If not at place of death	—
Married, Single or Widowed	Single		Name of Wife or Husband	—			
Father's Name	Jack Johnson		—			Father's Birthplace	Md
Mother's Maiden Name	Susan Elephant		69			Mother's Birthplace	Md
Name of person giving information	J. Laney		69			How related to deceased	Bro. in law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Epilepsy (effect)		How long	10 days
Immediate	Syncope		How long	immediate
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	P. H. Brace
			Address	Ann Arbor
JB				
Accident or Suicide?	✓			Md



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Ervin Jones

CERTIFICATE OF DEATH

Died at <u>Washington</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>22</u>	Years <u>—</u>	Age <u>—</u>	Months <u>16</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frank</u>				
Occupation <u>—</u>	Where Residing if not at place of death <u>"</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>John Jones</u>					
Father's Name <u>John Jones</u>	Father's Birthplace <u>Frank</u>					
Mother's Maiden Name <u>Orpwood</u>	Mother's Birthplace <u>Frank</u>					
Name of person giving information <u>Father</u>	How related to deceased <u>Mother</u>					

CAUSES OF DEATH

Primary <u>Hooping Cough</u>	How long <u>2 or 3 months</u>
Immediate <u>Pneumonia</u>	How long <u>4 or 5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E J Parsons</u>
	Address <u>Edgmont W Va</u>
Accident or Suicide?	



Name  
in  
Full

Luke Kearney

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	allegany			County	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Male	Color or Race	White			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Keziah Kearney				
Father's Name	I					
Mother's Maiden Name	Father's Birthplace					
Name of person giving information	Mother's Birthplace					
Dr Sherry	How related to deceased					
Son						

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary	Brain Disease		How long
Immediate	Addictio		2 or 3 years
Are the name, age, sex, color, date and place correctly given above?	920	Signature of Physician	How long
		W. J. Sherry	5 or 6 months
		Address	Ridmon & W. Va.
Accident or Suicide?	No		



Name  
in  
Full

Minni Locke

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cummard	alleg.			
Date of death	Month	Day	Years	Months	Days
1906	Jan	8	Age 12	—	—
Sex	Female	Color or Race	white	Birth-place	md
Occupation	Schoolgirl	Where Residing if not at place of death	—		
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Taylor Locke			Father's Birthplace	—
Mother's Maiden Name	Minni Taylor			Mother's Birthplace	md
Name of person giving information	JC Wadsworth			How related to deceased	undertaker

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diphtheria	(9)	How long	3 day
Immediate	Cardiac synapse	(9)	How long	immediate
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. H. Brae	
		Address	Cummard Md	
Accident or Suicide?	✓			



Name  
in  
Full

Sarah Mc Bride.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1906		Jan.	23	Age 70			
Sex		Color or Race	White		Birth-place	W. Va.	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband	Wm. Mc. Bride				
Father's Name							
Mother's Maiden Name							
Name of person giving Information		B. F. Gross					

CAUSES OF DEATH

Primary

Cardiac Dropped

How long

2 yrs

Immediate

Syncope

How long

immediate

✓  
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

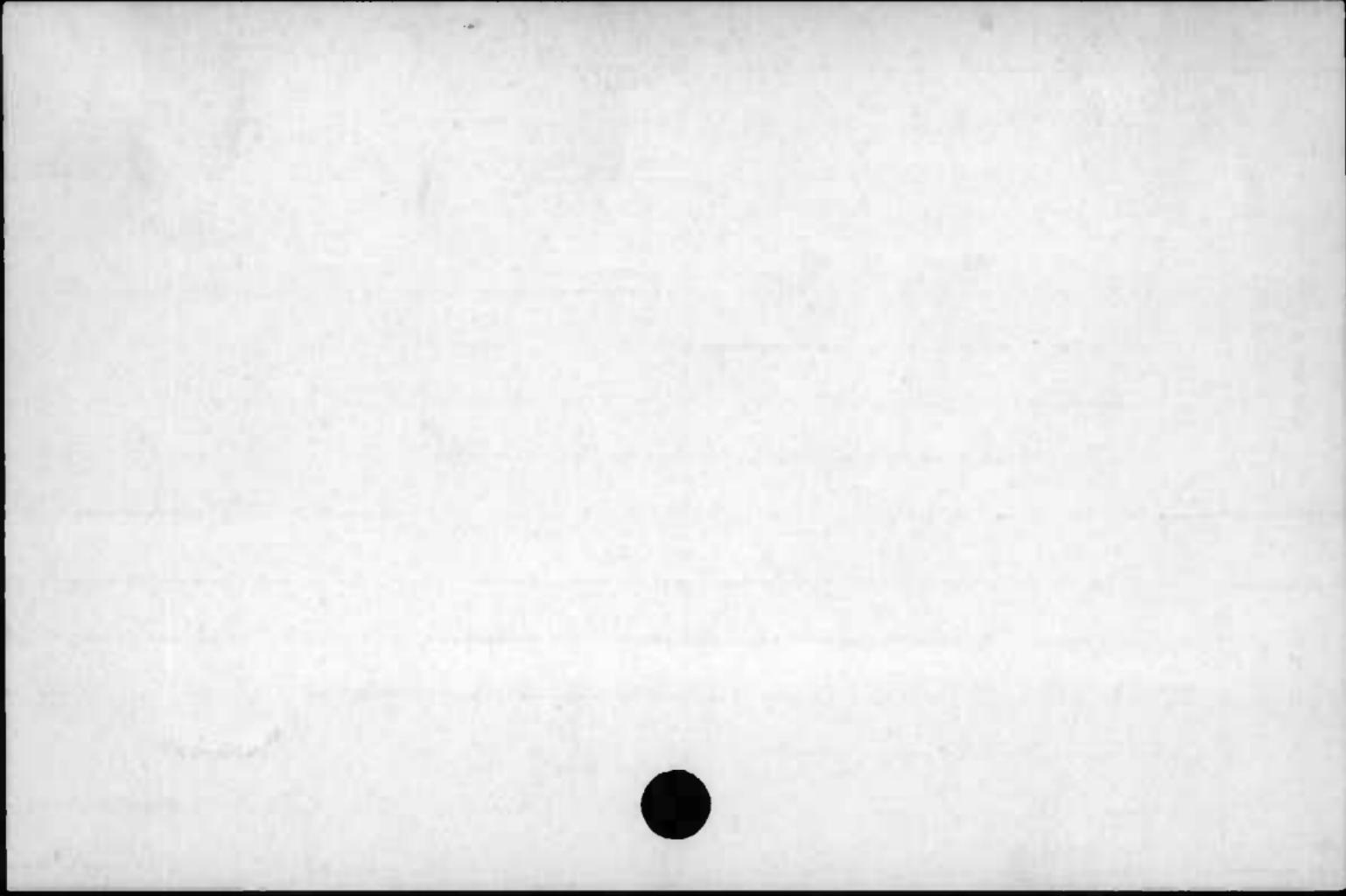
Address

ATBrae

Quinton  
Md

Accident or Suicide?





Name  
in  
Full

Stillborn McCauley —

CERTIFICATE OF DEATH

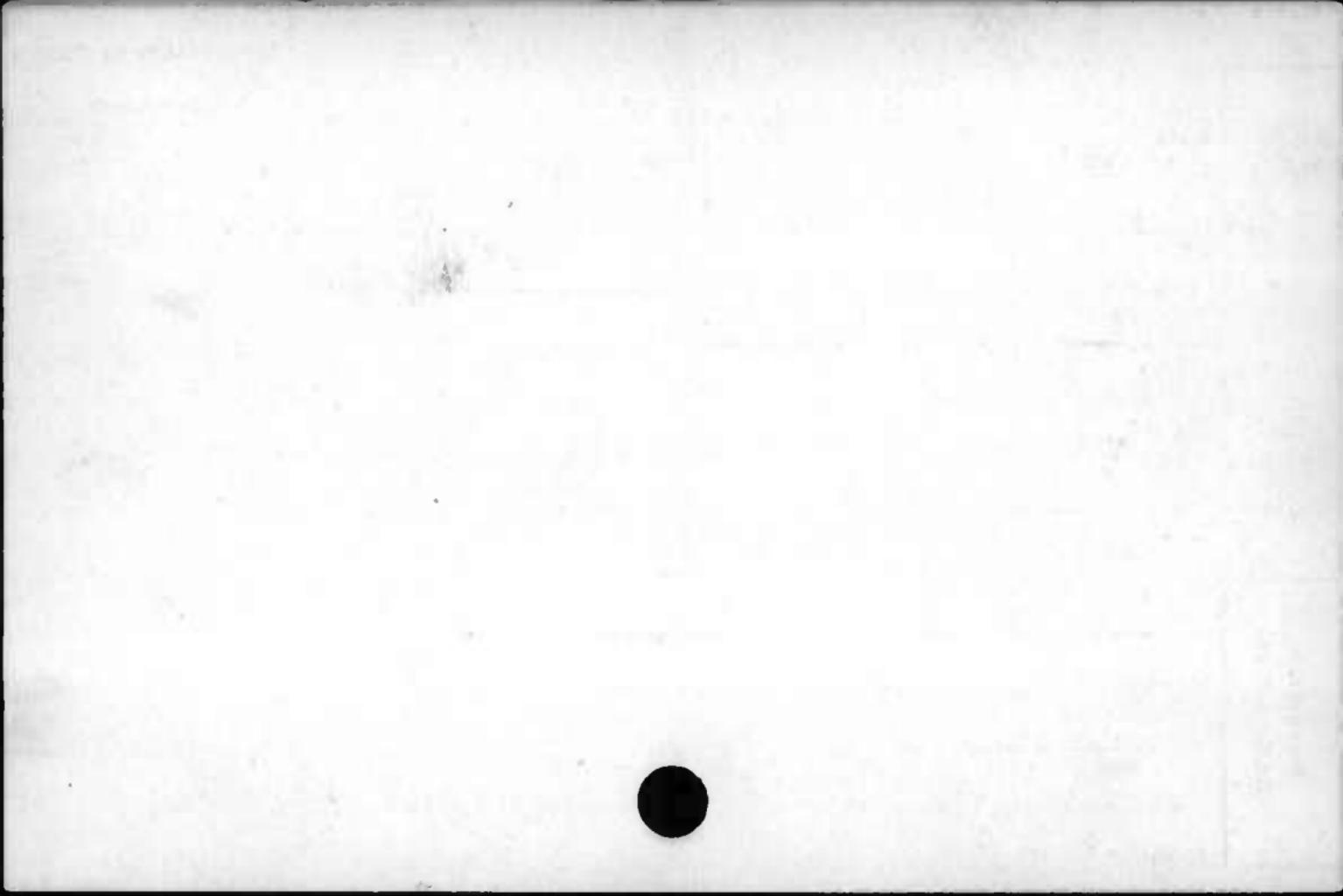
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1906	Jan	12	—	—	1
Sex	Color or Race	Where Residing if not at place of death			
female	white	—			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	L D McCauley S				
Mother's Maiden Name	Mary S Whalen S				
Name of person giving Information	L D McCauley				
Father's Birthplace	Pa				
Mother's Birthplace	Md				
How related to deceased	father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still-born S	How long	immedi-
Immediate	Hydrocephalic	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	© H. Grace
		Address	Cessna
Accident or Suicide?		Md	



Name  
in  
Full

Nellie M. C. Dutlyr

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth- place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	James Mc Dutlyr				
Mother's Maiden Name	Nellie Rusper				
Name of person giving Information	James Mc Dutlyr				
Lonaconing					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Capillary Bronchitis

How long

10 days

Immediate

Meningitis

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

113 Skilling Rd  
Lonaconing

Accident or Suicide?



Name  
in  
Full

Marie Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	Frostburg	County	MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
6 January	4	Age	one	11	18	
Sex	Female	Color or Race	White	Birthplace	Frostburg	
Married, Single or Widowed	—	Occupation				
Name of Wife or Husband	—					
Father's Name	Isaac Martin			Father's Birthplace	Allegany Co Md	
Mother's Maiden Name	Catharine Martin			Mother's Birthplace	Allegany Co Md	
Name of person giving Information	Isaac Martin			How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	8 days
Immediate	meningitis		How long	4 weeks & 5 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. A. Watson	
		Address	Frostburg Md.	
Accident or Suicide?				

65m

Allegany County

Name  
in  
Full

H. R. Miller

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Color or Race		White		Birth- place	
Occupation	Where Residing If not at place of death					
Married, Single or Widowed	Married		Name of Wife or Husband	Mary E. Groves		
Father's Name	James P. Miller		Father's Birthplace			WVa Hawks
Mother's Maiden Name	L. Ann Gofte		Mother's Birthplace			" " "
Name of person giving Information	James P. Miller		How related to deceased			

CAUSES OF DEATH

Primary

Fractured pelvis

(64)

How long

Immediate

Intramural hemorrhage

How long

1 hr

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

J. R. Miller M.D.

Address

134th and

Glens Falls, N.Y.

Accident or Suicide?

Accident



Name  
in  
Full

Bridget Monahan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at Fireplace Town

County

MARYLAND

Date

of death 1906

Month

June

Day

11

Years

98

Months

—

Days

—

Sex

F

Color or  
Race

Irish

Birth-  
place

Ireland

Occupation

None

Where Residing If not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Daniel Monahan

Father's  
Name

Dan Nolan

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Annie Burke

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Joe Monahan

How related  
to deceased

Son

CAUSES OF DEATH

Primary

Old age. Don't know

How long

Immediate

did not see deceased

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

J. Griffitt

Address

Accident or Suicide?

Ysby <sup>9</sup> May a.  
Catholic Cemetery

Name  
in  
Full

Michael Moran

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <input checked="" type="checkbox"/> <u>Lorraine</u>		Town	County <u>Allegheny</u>		MARYLAND		
Date of death	190	Month <u>Jan</u>	Day <u>30</u>	Age <u>5</u>	Years <u>5</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Where Residing if not at place of death <u>Lorraine</u>		Birth-place <u>Lorraine</u>			
Occupation <u>None</u>							
Married, Single or Widowed	Name of Wife or Husband <u>—</u>						
Father's Name <u>Daniel Moran</u>					Father's Birthplace <u>Clayton</u>		
Mother's Maiden Name <u>Bridget Moran</u>					Mother's Birthplace <u>Lorraine</u>		
Name of person giving information <u>Spud Moran</u>					How related to deceased <u>Father</u>		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Membranous Croup (9)

How long

8 days

Immediate

Cerephxia

How long

Two days

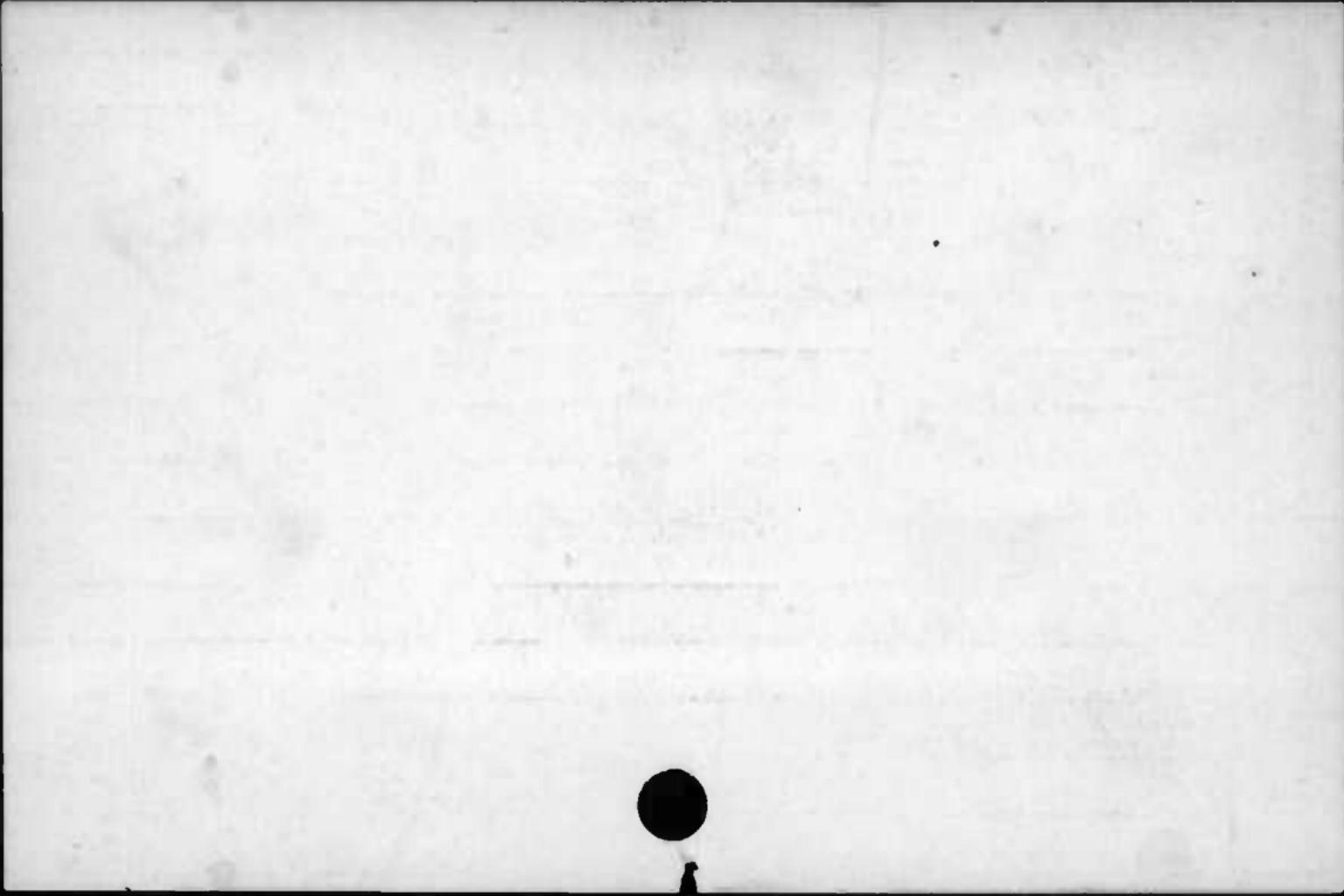
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. B. Shilling, M.D.

Accident or Suicide?



Name  
in  
Full

Edith Asay Koss

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Cumberland	Town	MD	County	allegany	MARYLAND
Date of death	1906	Month	Jan	Day	10	Years
Age		Color or Race	White	Months	8	Days
Sex	Female	Occupation		Birth-place	Cumberland	
			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	Henry C. Koss				Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information	Edith C. Koss				How related to deceased	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Capillary Bronchitis

How long

immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Edmund Harris  
Cumberland Ind.

Accident or Suicide?





Name  
in  
Full

Philipps O.S.S.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1906	Month /	Day 30	Age 62	Years	Months Days
Sex	Male	Color or Race	White		Birth-place	England
Occupation	Labour		Where Residing if not at place of death		—	
Married, Single or Widowed	Married	Name of Wife or Husband	Ann Radclyff Rs		Eng	
Father's Name	J.W. O.S.S.		—		Father's Birthplace	Eng
Mother's Maiden Name	—		—		Mother's Birthplace	—
Name of person giving information	—		—		How related to deceased	Son

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Apoplexy	64	How long	2 days
Immediate	4	—	How long	673.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. J. C. Price	
		Address	Brooklyn 2nd	
Accident or Suicide?		<input checked="" type="checkbox"/>		

Yp M

Alley

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

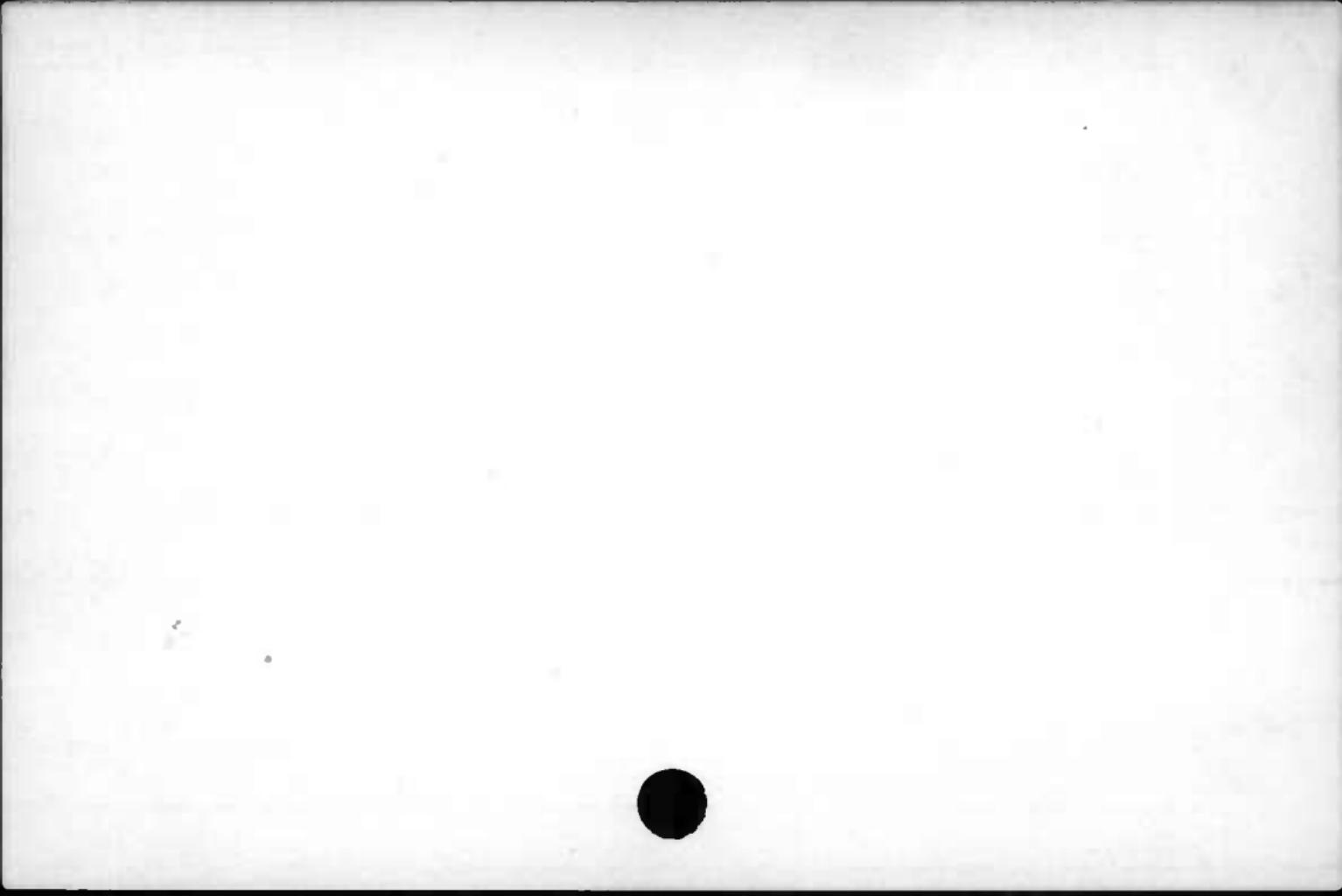
John Patterson

## CERTIFICATE OF DEATH

Died at		Town National (Woodland)	County allegany	MARYLAND		
Date of death	Month Jan.	Day 6	Age 48	Years	Months 1	Days 6
Sex Male	Color or Race White	Birth-place Scotland				
Occupation Miner	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Mary Brown					
Father's Name Walter Patterson	Father's Birthplace Scotland					
Mother's Maiden Name Margaret Gibb	Mother's Birthplace Scotland					
Name of person giving Information Adam Patterson	How related to deceased Brother					

## CAUSES OF DEATH

Primary La Grippe	How long 10 days
Immediate Pneumonia	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician James C. Bullock
Address Sonacring M. ✓	
Accident or Suicide? no -	



Name  
in  
Full

David Ralston

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Cumberland	Adela	Months	Days
Date of death	1906	Month	Year	Age
	Jan	5	1906	68
Sex	male	Color or Race	white	—
Occupation	unknown	Where Residing if not at place of death	—	
Married, Single or Widowed	Married	Name of Wife or Husband	—	
Father's Name				Father's Birthplace
Mother's Maiden Name				Mother's Birthplace
Name of person giving information				How related to deceased

CAUSES OF DEATH

Primary

Fractured skull

164

How long

Immediate

Septicemia

How long

✓  
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

110 St. Robbie in D

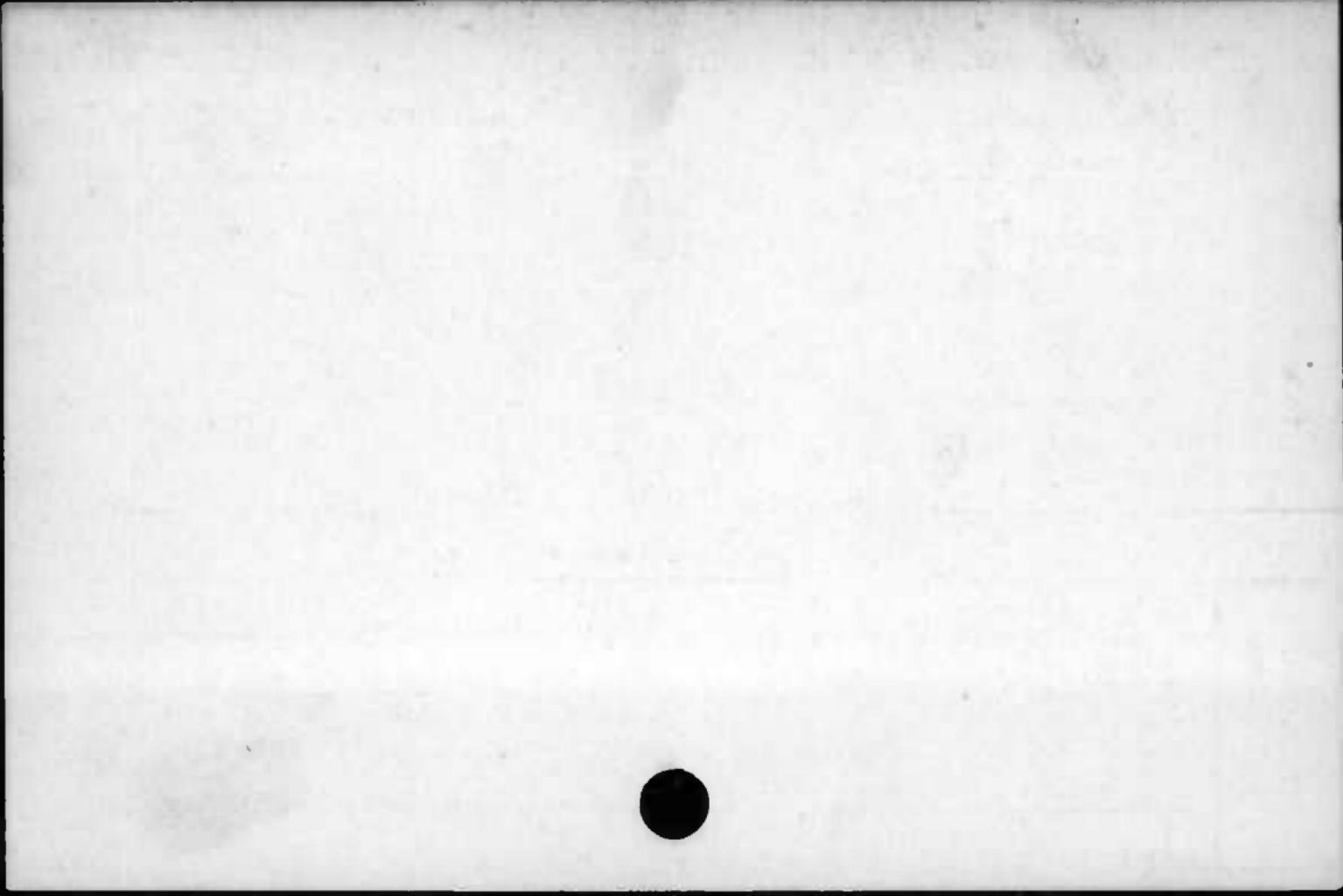
Address

Cumberland

Accident or Suicide?

✓

my



Name  
in  
Full

Samuel H Rawlings

CERTIFICATE OF DEATH

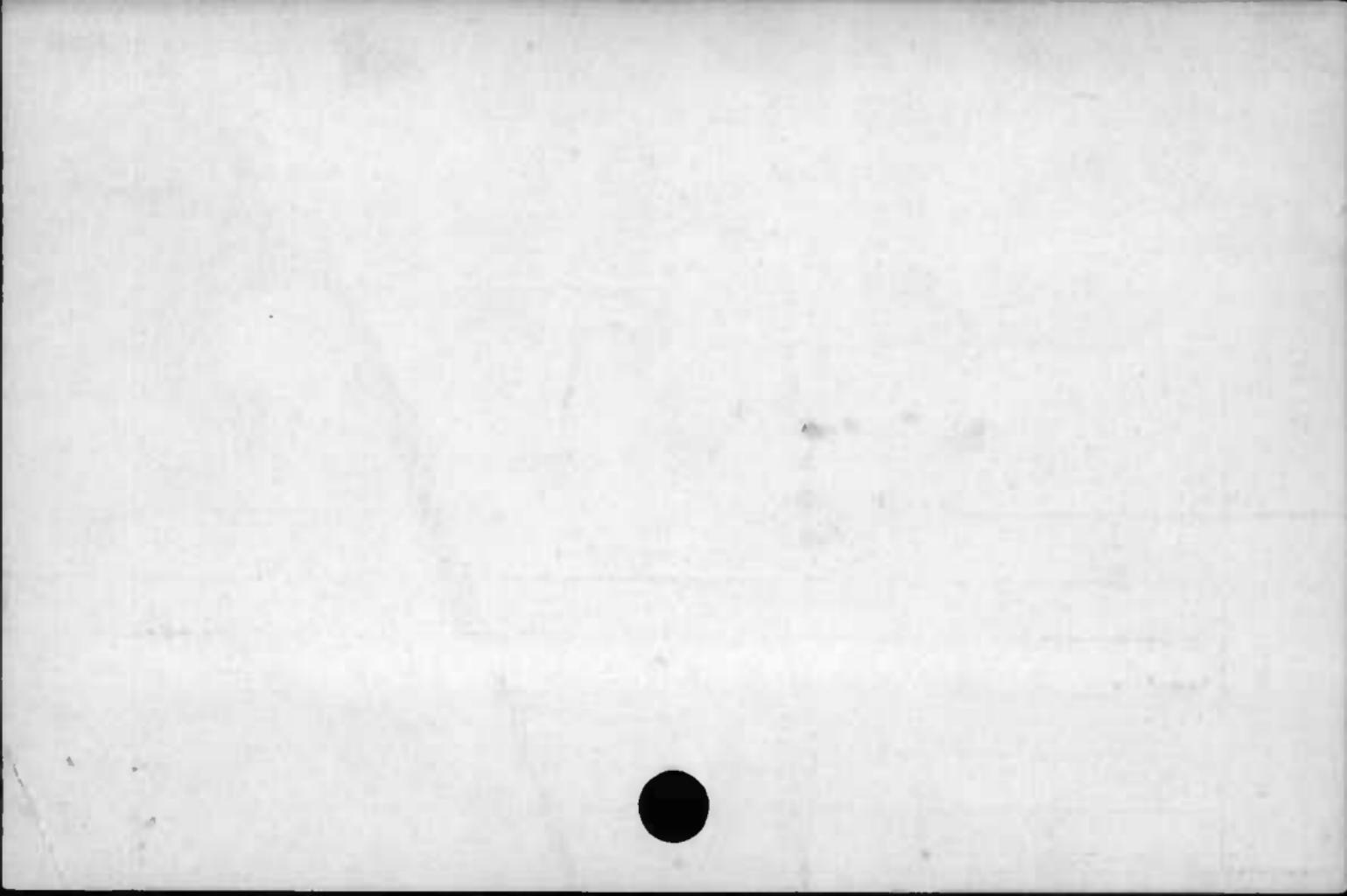
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	50	—	—
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Allegany Co			
Father's Name	Lemuel				
Mother's Maiden Name	Mary Knotts				
Name of person giving information	Samuel Rawlings				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Appoplexy	64	How long
Immediate	yes		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
5	Dr E B Claybrook		
Accident or Suicide?	Address		
	Cumberland <sup>Md</sup>		



Name  
in  
Full

Christopher Roberts Sr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frostburg</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>3</u>	Years <u>59</u>	Age <u>59</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>English</u>	Companion <u>None</u>		Birth-place <u>England</u>	England	
Occupation <u>Miner</u>	Where Residing if not at place of death <u>—</u>			<u>—</u>		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>—</u>			<u>—</u>		
Father's Name <u>Roberts</u>	<u>164</u>			Father's Birthplace <u>England</u>	England	
Mother's Maiden Name <u>—</u>	<u>—</u>			Mother's Birthplace <u>England</u>	England	
Name of person giving information <u>Barfield Roberts</u>	<u>—</u>			How related to deceased <u>Son</u>	<u>—</u>	

CAUSES OF DEATH

Primary	<u>Frostbitten fingers</u>	How long	<u>10 days</u>
Immediate	<u>Pneumonia (traumatic)</u>	How long	<u>3 days</u>

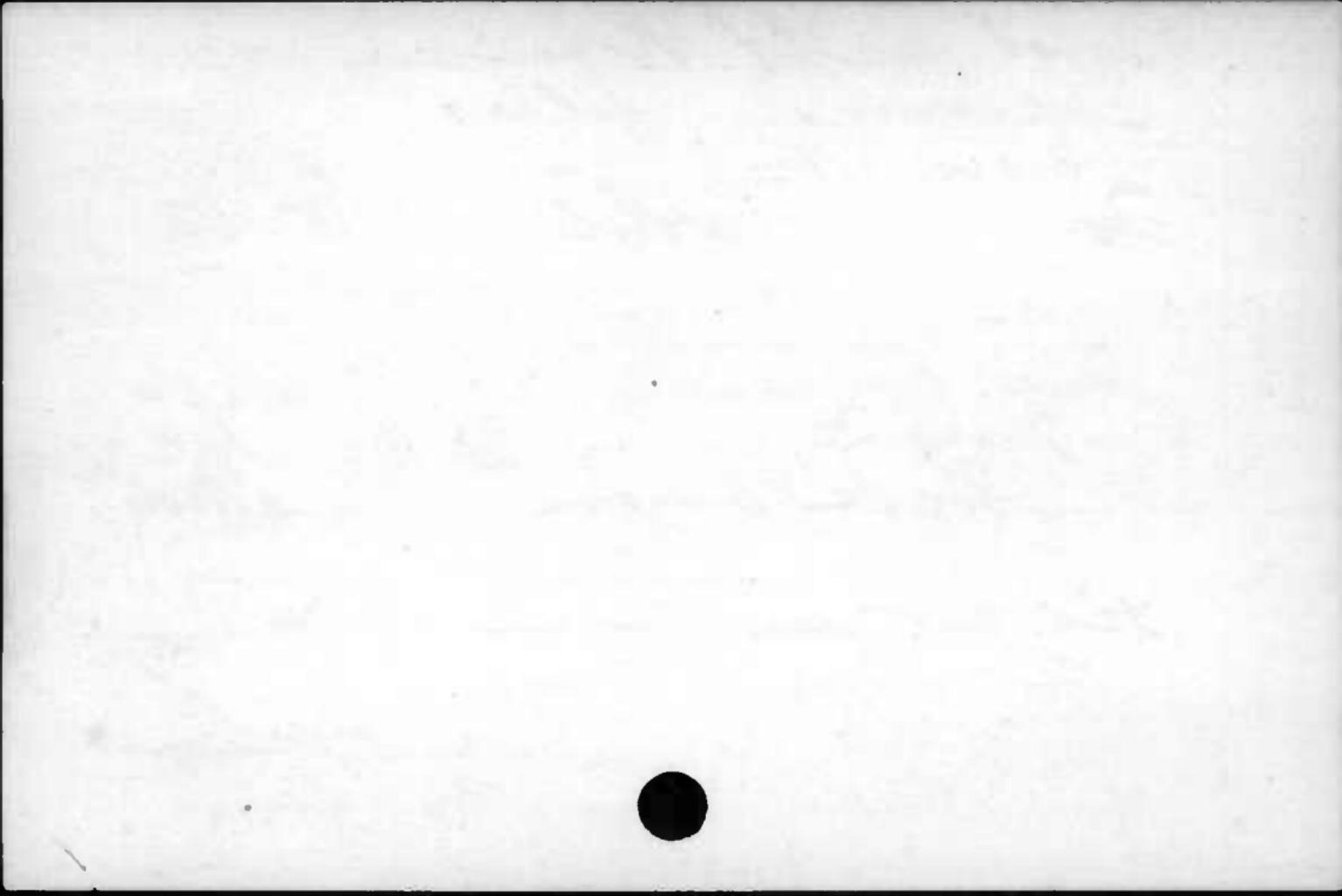
PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

George Joseph Robinson

## CERTIFICATE OF DEATH

Died at Bethel Town

County

MARYLAND

Date of death 1906 Jun 11 Month Day

Years Months Days

Age

Sex Male

Color or Race

white

Birth-place

W. Va

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

W. VaName of person giving  
Information

Mother's Birthplace

Mary TurmanMo

Primary

## CAUSES OF DEATH

How long

did not see Caseone day

Immediate

two things it was Convulsions

How long

PHYSICIAN  
OR CORONERAre the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. Griffell

Accident or Suicide?

Gisela E. Mayer

McCleekin Cemetery

Name  
in  
Full

Elmer Edward Sackman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westoverport</u>		County <u>allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>26</u>	Age <u>—</u>	Months <u>5</u>	Days <u>13</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Infant</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>John. E. Sackman</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Lula A Raines</u>	Mother's Birthplace <u>West Va</u>				
Name of person giving Information <u>Lula &amp; Sackman</u>	How related to deceased <u>Mother</u>				

Wilson

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Spasmodic Convulsions (BB) 24 hrs

Immediate

Asphyxiation

How long

How long

Are the name, age, sex, color, date and place correctly given above?

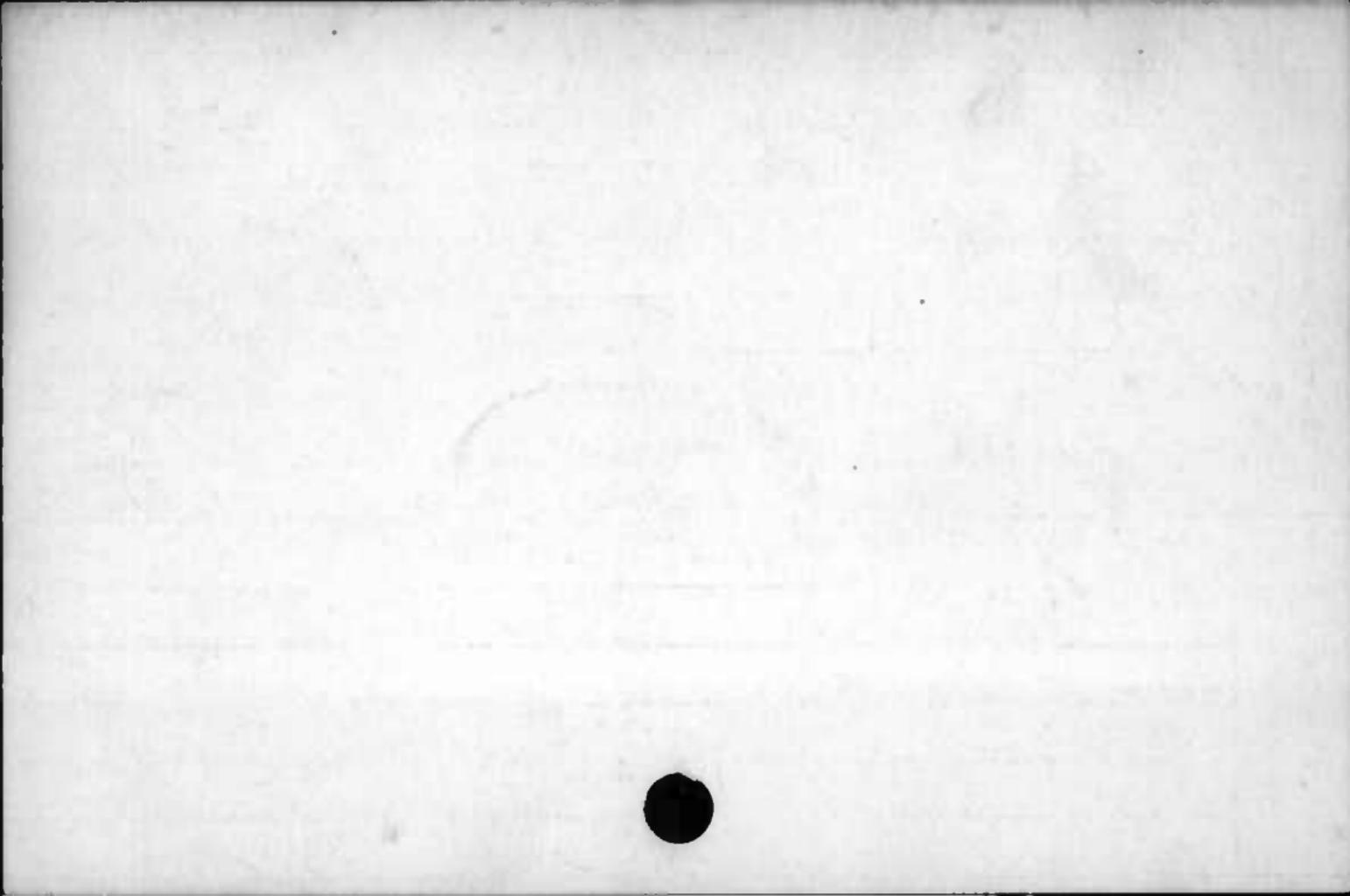
yes

Signature of Physician

Address

F. L. Wilson,  
Piedmont, W. Va.

Accident or Suicide?



Name  
in  
Full

Bridget Sarsfield

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MATERIAL		
Date of death	1906	Month 1	Day 29	Years 63	Months 2	Days -
Sex	Female	Color or Race	White	Birth-place		
Occupation	Housewife			Where Residing if not at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband	Piedmont		
Father's Name	John Sarsfield			Thomas Sarsfield		
Mother's Maiden Name	Mary Sarsfield			Sarah		
Name of person giving information	M. J. Sarsfield			Son		
CAUSES OF DEATH						
Primary	Nausea -			How long		
Immediate	Heart failure			10 days		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
PHYSICIAN OR CORONER	yes			Address		
Signature of Physician						
Address						
Accident or Suicide?						



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

<i>Jace Scott</i>		CERTIFICATE OF DEATH				
Died at <i>Cumberland</i> Town		County <i>Allegheny Co</i>				
Date of death <i>1906</i>	Month <i>1</i>	Day <i>29</i>	Age <i>48</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Cumberland</i>				
Occupation <i>-</i>	Where Residing if not at place of death <i>Meyrdale Pa</i>					
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband <i>Archie Scott</i>					
Father's Name	Father's Birthplace <i>-</i>					
Mother's Maiden Name	Mother's Birthplace <i>-</i>					
Name of person giving information	How related to deceased <i>-</i>					

PHYSICIAN  
OR CORONER

Primary

*Abcess Perineal  
Septic Infection*

How long

*3 weeks*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

How long

*1 week*

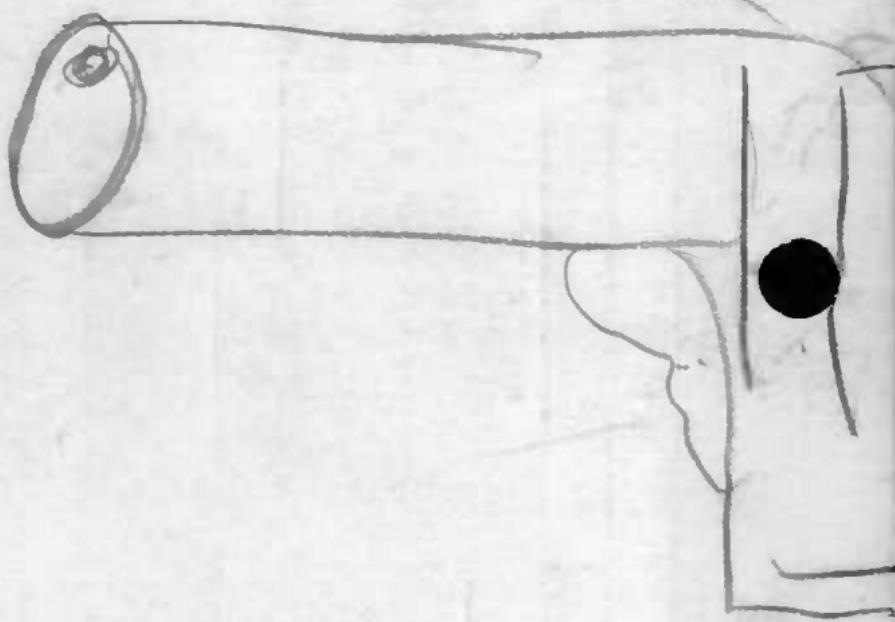
Signature of Physician

Address

*E.H. White  
Cumberland Ind*

Accident or Suicide?

Acme Smith



Name  
in  
Full

To BE ANSWERED BY

NEAREST FRIEND

Harold Sheean

CERTIFICATE OF DEATH

Died at <u>Franklin</u>		Town	County <u>Allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>1</u>	Day <u>3</u>	Age <u>70</u>	Years <u>70</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>				
Occupation <u>Retired</u>	Where Residing if not at place of death <u>Franklin</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Ireland</u>				
Father's Name <u>John Sheean</u>	Mother's Birthplace <u>—</u>					
Mother's Maiden Name <u>Mary Morgan</u>	How related to deceased <u>Sister</u>					
Name of person giving Information <u>J. J. C. Murphy, Foster</u>						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Chronic Bright's disease

How long

2 or 3 years

Immediate

Exhaustion

120

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. B. Shupe

Westminster Md.

Accident or Suicide?

✓



TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <b>Cumberland</b>		Town <b>Allegany</b> County		MARYLAND	
Date of death <b>1906 Jan.</b>	Month <b>Jan.</b>	Day <b>14</b>	Age <b>Years</b>	Months	Days
Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>Maryland</b>			
Occupation <b>None</b>	Where Residing if not at place of death				
Married, Single or Widowed <b>Single</b>	Name or Wife or Husband				
Father's Name <b>Unknown</b>	Father's Birthplace				
Mother's Maiden Name <b>Annie Smith</b>	Mother's Birthplace				
Name of person giving information <b>Annie Smith</b>	How related to deceased				

## CAUSES OF DEATH

Primary	<b>Premature birth</b>	How long	<b>5 minutes</b>
Immediate	<b>Cirphyxia</b>	How long	<b>5 minutes</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<b>W. R. Hodges, M.D.</b>
		Address	<b>Cumberland, Md.</b>

Accident or Suicide? **✓**



Name  
in  
Full

Child, Dr. Joshua Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cumberland	Accomack			
Date of death	Month	Day	Years	Months	Days
1906	1	4	Age		
Sex	Color or Race	Black			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Joshua Taylor			
Father's Name	S.				
Mother's Maiden Name					
Name of person giving information	Jane Taylor				
CAUSES OF DEATH					
Primary	Dead in Utro			How long	Unknown
Immediate	Still-born			How long	Unknown

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

W. R. Hodges M.D.  
Cumberland, Md.



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

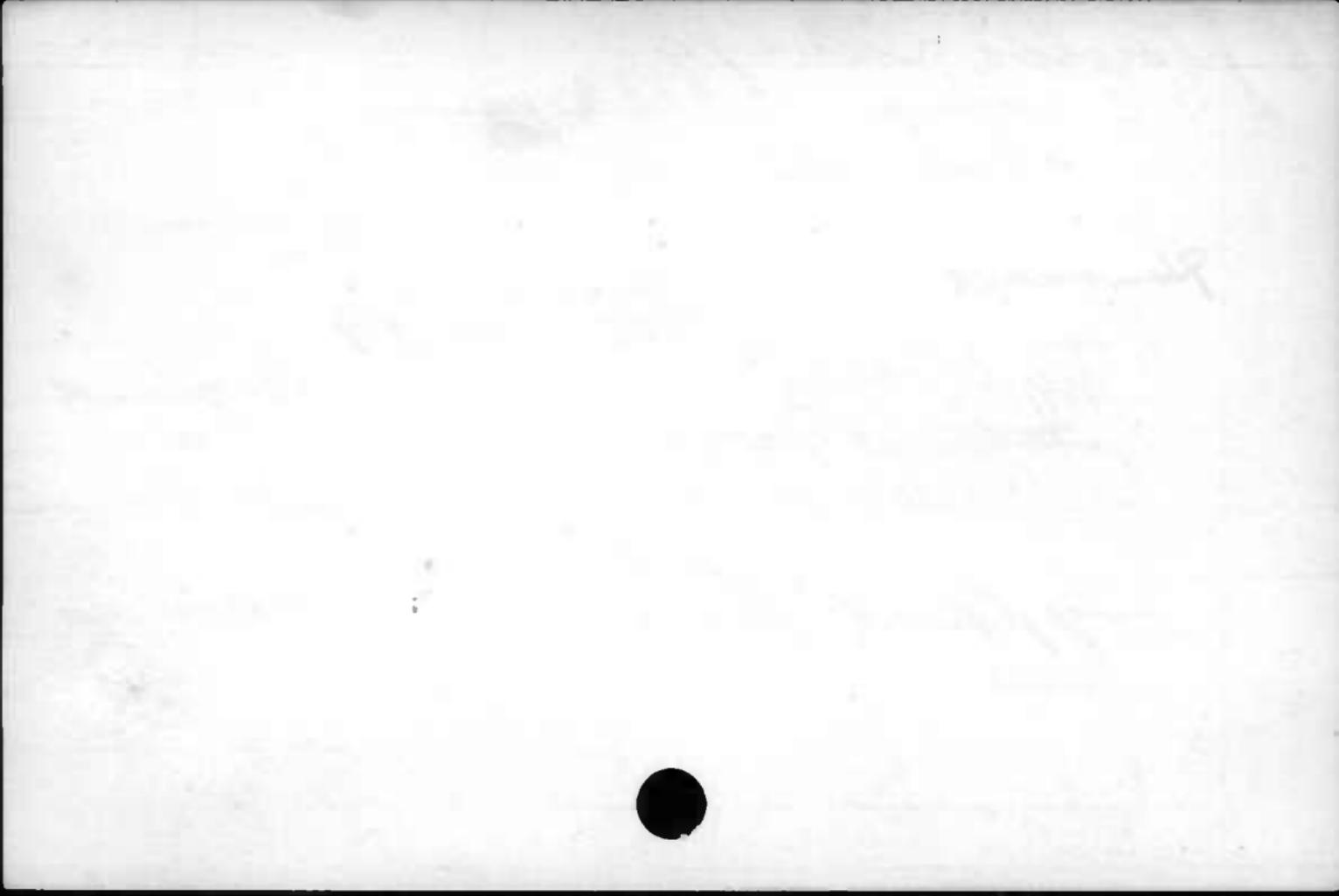
## CERTIFICATE OF DEATH

Died at <u>Lord</u>		Town	County <u>Accomac</u>		MARYLAND	
Date of death <u>1906 Jan</u>	Month <u>Jan</u>	Day <u>21</u>	Age <u>1</u>	Years <u>1</u>	Months <u>6</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Lord</u>				
Occupation <u>Brigh</u>	Where Residing if not at place of death <u>Lord</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>-</u>					
Father's Name <u>Douglas Truly</u>	Father's Birthplace <u>Sonoma</u>					
Mother's Maiden Name <u>Lennie Rae</u>	Mother's Birthplace <u>Scotland</u>					
Name of person giving information <u>Douglas Truly</u>	How related to deceased <u>Father</u>					

## CAUSES OF DEATH

Primary <u>Whooping Cough</u>	Now long <u>4 weeks</u>
Immediate <u>Sputum =</u>	How long <u>10 hours</u>
Are the name, age, sex, color, date and place correctly given above?  <u>yes</u>	Signature of Physician <u>James B. Bullock</u>
	Address <u>Sonoma</u>
Accident or Suicide? <u>No -</u>	✓ <u>Maryland</u>

PHYSICIAN  
OR CORONER



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Louisa Twigg					CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1906	Month January	Day 22	Years Age 28	Months 8	Days	
Sex	F	Color or Race	W	Residence at time of death			
Occupation	Housewife		Moses Twigg		Limestone Md		
Married, Single or Widowed	Single		Name of Wife or Husband	Moses Twigg			
Father's Name	John Wright		John Wright		England		
Mother's Name	John Wright		John Wright		England		
Maiden Name							
Name of person giving Information	John Wright		John Wright		Husband		
CAUSES OF DEATH							
Primary	Typhoid fever			How long		4 weeks	
Immediate	Intest. Hemorrhage Heart failure			How long		10 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		L. Griffith	
				Address		Limestone Md	
Accident or Suicide?				✓			

John

Porter Granger

Name  
in  
Full

Marguerite Sch

CERTIFICATE OF DEATH

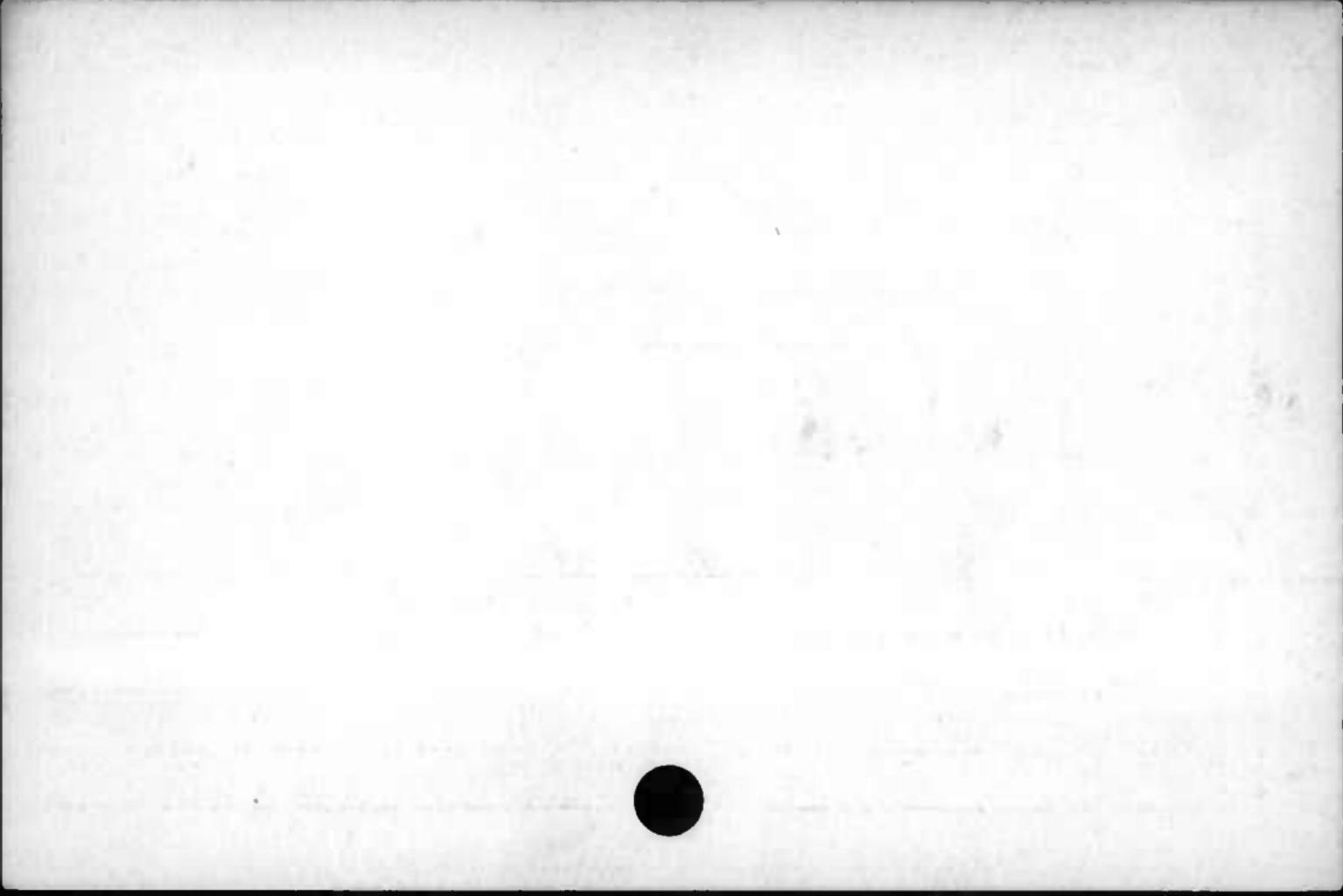
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Ed Savage		Allegany			
Date of death 1906	Month Jan	Day 10	Years 3		Months	Days
Sex Female	Color or Race	A white		Birth-place	Ed Savage	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Richard Schli				Father's Birthplace	Ed
Mother's Maiden Name	Alice Holzman				Mother's Birthplace	Ed
Name of person giving information	Minnie Schli				How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Membranous Croup		How long	24
	Asphyxian		How long	2 hours
Immediate	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	F. Alan E. Murphy	
	yes	Address	Ed Savage	
Accident or Suicide?	Accident		✓	



Name  
in  
Full

Shirfels & Vanhorn

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Crab</u> Town		County <u>allegany</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>Jan</u>	Day <u>16</u>	Age <u>years</u>	Months <u>1</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place		<u> </u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		<u> </u>		
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>	Father's Birthplace <u>Mid</u>		Mother's Birthplace <u>Mid</u>	
Father's Name <u>J. W. Vanhorn</u>	Mother's Maiden Name <u>Mary Elizabeth Brant</u>		How related to deceased <u> </u>		
Name of person giving information <u> </u>					

CAUSES OF DEATH

✓ PHYSICIAN OR CORONER	Primary <u>Esophageal</u> <u>18</u> How long <u>10 days</u>
	Immediate <u>Chayntum</u> How long <u>3 hr</u>
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>
Signature of Physician <u>G. F. Willy</u>	Address <u>Quincy</u>
Accident or Suicide? <u> </u>	

